

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015616

Entity Name: PROPERTY EXPRESS, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

2190 RESERVE PARK TERR
SUITE 9
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

529 NW PRIMA VISTA BLVD., SUITE 301B
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

2190 RESERVE PARK TERR
SUITE 9
PORT SAINT LUCIE, FL 34986

New Mailing Address:

529 NW PRIMA VISTA BLVD., SUITE 301B
PORT SAINT LUCIE, FL 34983

FEI Number: 42-1590407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMA, ANTHONY L
11124 LANDS END CHASE
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAMA, ANTHONY L
Address: 11124 LANDS END CHASE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGRM () Delete
Name: MURPHY, TODD M
Address: 570 S.E. PORT ST. LUCIE BOULEVARD
City-St-Zip: PORT ST. LUCIE, FL 34984

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MURPHY, TODD M
Address: 529 NW PRIMA VISTA BLVD., SUITE 301B
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANTHONY L SAMA

MNGR

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date