

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000017620

1. Entity Name
UNITED PROPERTY OWNERS, LLC



Principal Place of Business
**16221 NORTH ISLAND CT.
BOCA GRANDE, FL 33921**

Mailing Address
**6300 POWERS FERRY ROAD
SUITE 600-354
ATLANTA, GA 30339**



01192008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0057551

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FL, INC
390 N. ORANGE AVE., STE. 1100
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LINDENBAUM, DAVID
6300 POWERS FERRY RD, STE 600-354
ATLANTA, GA 30339**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BECKLEVER, WILLIAM
P.O. BOX 2060
BOCA GRANDE, FL 33921**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROLLYSON, MIKEL
P.O. BOX 914
BOCA GRANDE, FL 33921**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000795905
01/29/08-80011-013 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

David Lindenbaum
1/19/08 404-664-9681