

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018883

FILED
Sep 05, 2007
Secretary of State

Entity Name: 4 MILE BRANCH PROPERTY SERVICES, LLC

Current Principal Place of Business:

2109 HWY 90 WEST
STE. 170-336
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

2109 HWY 90 WEST
STE. 170-336
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 06-1697890 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWN, CHARLES B III
2109 HWY 90 WEST
STE. 170-336
LAKE CITY, FL 32055 US

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: MCCRANIE, MICHAEL J
Address: 2109 HWY 90 WEST
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM () Delete
Name: BROWN, CHARLES B III
Address: 136 SE SAINT JOHNS ST.
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCRANIE, MICHAEL J
Address: 2109 HWY 90 W., STE 170-336
City-St-Zip: LAKE CITY, FL 32055

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

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: MICHAEL J. MCCRANIE

MGRM

09/05/2007

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