

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000021789			
1. Entity Name O'BRIAN PROPERTIES, LLC			
Principal Place of Business 8111 NORTH ORANGE BLOSSOM TRAIL ORLANDO FL 32810		Mailing Address 8111 NORTH ORANGE BLOSSOM TRAIL ORLANDO FL 32810	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/06)

4. FEI Number 56-2368701		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'BRIAN, MARY E 8111 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32810		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR O'BRIAN, DONALD G 8111 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32810 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition U000000718141 05/01/07-80010-015 50.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR O'BRIAN, MARY E 8111 N. ORANGE BLOSSOM ORLANDO FL 32810 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/12/07 407-291-1027