2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

DOCUMENT # L03000021963

1. Entity Name

NORTH CAROLINA PROPERTIES, LLC

Principal Place of Business	Mailing Address
8111 NORTH ORANGE BLOSSOM TRAIL ORLANDO FL 32810	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 NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRIAN, MARY ELAINE
8111 N ORANGE BLOSSOM TRL.
ORLANDO FL 32810

7. Name and Address of New Registered Agent

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 ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 TRL. ORLANDO FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000718139 05/01/07-80010-013 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'BRIAN, MARY ELAINE 8111 N ORANGE BLOSSOM TRL. ORLANDO FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 4/12/07 407-291-1017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #