### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L03000023065

Entity Name

FIRST FLORIDA PROPERTY INVESTORS.LLC



FILED Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business

204 37TH AVENUE N.

#239

ST. PETERSBURG, FL 33704

Mailing Address

204 37TH AVENUE N.

#239

DO NOT WRITE IN THIS SPACE

ST. PETERSBURG, FL 33704



04092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 75-3120426 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLLO, FRANK V 204 37TH AVENUE N. #239

ST. PETERSBURG, FL 33704

## DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registered agent, o	or both, in the State of Florida.	I am familiar with, and accept
SI	SQUESTURE	(NOTE: Registered Agent signisture required when remistate	ng)	DATE

#### Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	MOLLO, FRANK V		
STREET ADDRESS	204 37TH AVENUE N., #239		
CITY-ST-ZIP	ST. PETERSBURG, FL 33704		
TITLE			
NAME			
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NAME			
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CITY-ST-ZIP			
	11. I hereby certify that the information supplied with this filling does not qualify for the exidence on this report is true and accurate and that my signature shall have the sa		

# DO NOT WRITE IN THIS SPACE

000000711764 04/26/07-80020-015-50.00

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-VAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Deytime Phone #