


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L03000029952

1. Entity Name
FROWICK PROPERTIES, LLC



Principal Place of Business 3805 NORTH HIMES TAMPA, FL 33607	Mailing Address 4108 HIGHLAND PARK CIRCLE LUTZ, FL 33558
---	---

DO NOT WRITE IN THIS SPACE



04082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 35-2222472	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**IRELAND, LEONARD E JR
 18 NW 33RD COURT
 GAINESVILLE, FL 32607**

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

U00000904725
 05/01/08-80024-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FROWICK, DON 4108 HIGHLAND PARK CIRCLE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALDES, MARC 4108 HIGHLAND PARK CIRCLE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  **4-8-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #