


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90222 005 ****50.00

DOCUMENT # L03000030725	
1. Entity Name GPS PROPERTIES, L.L.C.	

Principal Place of Business 2012 SPYGLASS LANE NEW SMYRNA BEACH FL 32169	Mailing Address 2012 SPYGLASS LANE NEW SMYRNA BEACH FL 32169
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2. Principal Place of Business - No P.O. Box # 807 S.R. 44	3. Mailing Address 807 S.R. 44
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E083 (10/06)

City & State NEW SMYRNA BEACH, FL.	City & State NEW SMYRNA BEACH, FL.	4. FEI Number 20-0864610	Applied For <input type="checkbox"/> Not Applicable
Zip 32168	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SAMANO, GREGORY P 2012 SPYGLASS LANE NEW SMYRNA BEACH FL 32169	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 807 S.R. 44 City NEW SMYRNA BEACH, FL Zip Code 32168
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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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SAMANO, GREGORY P 2012 SPYGLASS LANE NEW SMYRNA BEACH FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **GREGORY P. SAMANO** **2-2-07** **386-428-5554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #