


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -7 AM 9:11

DOCUMENT # L03000032606	
1. Entity Name FRIEDMAN PROPERTIES, LLC	

Principal Place of Business 219 AVENUE E APALACHICOLA, FL 32320	Mailing Address PO BOX 789 APALACHICOLA, FL 32329
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2. Principal Place of Business - No P.O. Box # 46-16TH ST.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State APALACHICOLA, FL	City & State
Zip 32320	Country



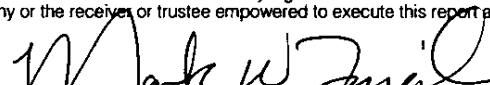
04162008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent FRIEDMAN, MARK W CPA 127 DEER PATCH LN APALACHICOLA, FL 32320	
7. Name and Address of New Registered Agent Name: MARK W. FRIEDMAN Street Address (P.O. Box Number is Not Acceptable) 46-16TH ST. City: APALACHICOLA FL Zip Code: 32320	

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 4-21-08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDMAN, MARK W PO BOX 789 APALACHICOLA, FL 32329 <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	MGRM FRIEDMAN, MICHAEL PO BOX 69 PANACEA, FL 323246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900129463163 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/14/08--01024--024 **488.75
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
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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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: 	DATE: 4-21-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

5/7/08