


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90134 045 \*\*\*\*50.00

<b>DOCUMENT # L03000036543</b>		
1. Entity Name COMKOWYCZ PROPERTIES, LLC		
Principal Place of Business 150 AVE B SE WINTER HAVEN, FL 33880	Mailing Address 150 AVE B SE WINTER HAVEN, FL 33880	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  COMKOWYCZ, SHARON M 150 AVE B SE WINTER HAVEN, FL 33880		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COMKOWYCZ, SHARON 150 AVE B SE WINTER HAVEN, FL 33880	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COMKOWYCZ, PAUL 150 AVE. B SE WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>Sharon M. Comkowycz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>		Date <u>3/5/07</u> Daytime Phone # <u>863-412-8198</u>