


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90079 041 ****55.00

DOCUMENT # L03000040182 1. Entity Name PROPERTY OR 1, LLC					
Principal Place of Business 1280 GULF BLVD. BELLEAIR SHORE, FL 33786			Mailing Address 1280 GULF BLVD. BELLEAIR SHORE, FL 33786		
2. Principal Place of Business - No P.O. Box # 13333 Ridge Rd		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. 1402		Suite, Apt. #, etc.			
City & State Largo FL		City & State		4. FEI Number 32-0096265	
Zip 33778		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SURETTE, RICHARD 1280 GULF BLVD BELLEAIR SHORE, FL 33786				7. Name and Address of New Registered Agent Name <u>David Surette</u> Street Address (P.O. Box Number is Not Acceptable) 13333 Ridge Rd #1402 City <u>Largo</u> <u>FL</u> Zip Code <u>33778</u>	
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 <u>David Surette</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>1-23-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SURETTE, RICHARD 1280 GULF BLVD BELLEAIR SHORE, FL 33786	<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 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:

David Surette

1-23-07

727-587-7957