


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90114 047 ***138.75

DOCUMENT # L03000041333					
1. Entity Name DEAKIN PROPERTY SERVICES, LLC					
Principal Place of Business 1408 S. DE SOTO AVENUE TAMPA, FL 33606			Mailing Address 1408 S. DE SOTO AVENUE TAMPA, FL 33606		
2. Principal Place of Business - No P.O. Box # 2909 W BAY TO BAY BLVD		3. Mailing Address P.O. Box 433			
Suite, Apt. #, etc. #108		Suite, Apt. #, etc.			
City & State TAMPA FL		City & State TAMPA FL			
Zip 33629		Country US		Zip 33601	
Country US		Country US			
4. FEI Number 80-0072309			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent DEAKIN, GEORGE L 1408 S. DE SOTO AVENUE TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAKIN, BARBARA 1408 S. DE SOTO AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAKIN, GEORGE L 1408 S. DE SOTO AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAKIN, GEORGE L 1408 S. DE SOTO AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAKIN, GEORGE L 1408 S. DE SOTO AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete			
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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: <i>Barbara Deakin</i>		BARBARA DEAKIN MANAGING MEMBER		3/24/08 813-839-2811	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	