

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042192

Entity Name: LINES PROPERTIES, LLC

FILED  
Jan 29, 2008  
Secretary of State

**Current Principal Place of Business:**

8400 S.W. FOX BROWN RD  
INDIANTOWN, FL 34956

**New Principal Place of Business:**

**Current Mailing Address:**

8400 S.W. FOX BROWN RD  
INDIANTOWN, FL 34956

**New Mailing Address:**

FEI Number: 56-6631797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONATHAN J. LICHTMAN, P.A.  
20283 STATE RD.7  
SUITE 300  
BOCA RATON, FL 33498 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LINES, BOBBY G  
Address: 8400 S.W. FOX BROWN RD  
City-St-Zip: INDIANTOWN, FL 34956

Title: MGR ( ) Delete  
Name: LINES, RACHEL J  
Address: 8400 S.W. FOX BROWN RD  
City-St-Zip: INDIANTOWN, FL 34956

Title: MGR ( ) Delete  
Name: LINES, ROBERT B  
Address: 8400 S.W. FOX BROWN RD  
City-St-Zip: INDIANTOWN, FL 34956

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RACHEL J. LINES

MGR

01/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date