2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

Jan 22, 2008 08:00 Al Secretary of State DOCUMENT # L03000043198 AUSTIN STREET PROPERTIES, L.L.C. Principal Place of Business Mailing Address **525 SCHOONER LANE** 9N807 KOSHARE TRAIL SARASOTA, FL 34228 ELGIN, IL 60123 01032008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 71-0955971 Not Applicable COMPANY OF THE PROPERTY OF THE PARTY OF THE \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KOHL-HELBIG, LAUREN 1800 SECOND STREET, SUITE 901 SARASOTA, FL 34236 IN THIS SPACE 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, lyped o (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE STONEBREAKER, RONALD L NAME U00000730888 STREET ADDRESS 525 SCHOONER LANE CITY-ST-ZIP SARASOTA FL 34228 000000790888 01/23/08-80051-020 138.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

FILED

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: Storulyaker_	1-14-08	
SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daylime Phone #