

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000051692

1. Entity Name  
LISENBY PROPERTIES, L.L.C.



Principal Place of Business  
1212 LEE AVENUE, SUITE 100  
TALLAHASSEE, FL 32303

Mailing Address  
1212 LEE AVENUE, SUITE 100  
TALLAHASSEE, FL 32303

**FILED**

07 APR 26 AM 8:36

BK SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0509675

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GOLDBERG, STUART E ESQ.  
2039 CENTRE POINTE BLVD., SUITE 201  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LISENBY, W. LAMAR  
1212 LEE AVENUE, SUITE 100  
TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LISENBY, DORRECE E  
1212 LEE AVENUE, SUITE 100  
TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

BK

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05/08/07--01008--024 \*\*\$5.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Dorrece E. Lisenby* Dorrece E. Lisenby 4/26/07 (850) 383-7567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #