

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # L03000051925**  
1. Entity Name  
121 PROPERTIES, L.L.C.

|  |   |
|--|---|
| Principal Place of Business<br>2128 SW MAIN BOULEVARD STE. 103<br>LAKE CITY FL 32025 | Mailing Address<br>PO BOX 830<br>LAKE CITY FL 32056 |
|--|---|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E083 (10/06)

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>20-0516846   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |                               |

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

TURBEVILLE, RON W  
2128 SW MAIN BOULEVARD STE. 103  
LAKE CITY FL 32025

**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 re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGRM<br>TURBEVILLE, RON W<br>PO BOX 830<br>LAKE CITY FL 32056 <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGRM<br>RHODEN, THOMAS R<br>515 SOUTH 6TH<br>MACCLENNY FL 32063 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   |

| 10. ADDITIONS/CHANGES                            |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U00000623972<br>02/14/07-80012-003 55.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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:** Ron W Turbeville Ron W. Turbeville 1/31/07 386-752-5035  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytona Phone #