## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Mar 06, 2007 8:00 am **Secretary of State DOCUMENT # L03000053161** 03-06-2007 90076 049 \*\*\*\*50.00 1. Entity Name FOUR SEASONS PROPERTIES, LLC Principal Place of Business Mailing Address 60021302 1373 NORTH KILLIAN DRIVE 1373 NORTH KILLIAN DRIVE LAKE PARK, FL 33403 LAKE PARK, FL 33403 01192007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-0545950 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAYRE, NORMAN W DO NOT WRITE 1373 NORTH KILLIAN DRIVE LAKE PARK, FL 33403 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 INOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. TITLE MGR SAYRE, NORMAN W NAME 1373 NORTH KILLIAN DRIVE STREET ADDRESS CITY-ST-ZIP LAKE PARK, FL 33403 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-2IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TSTI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 eath; 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND DIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE