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2007 LIMITED LIABILITY COL ANNUAL REPORT	MPANY	Apr 20, 2007 8:0 Secretary of St
LIMENT #1 020000E 4201	THE ST	04.20.2007.00021.020.*****

1. Entity Name	UMENT # L03000054381 PROPERTIES LLC					04-20-20	07 900 3 1 0		0.00	
Principal Place	pal Place of Business Mailing Address					0019				
2902 W AQUI TAMPA, FL 3		PO BOX 20751 SAINT PETERSBURG, FL 33742								
Trum A, I C	SMINT FETERSOUND, IE 33742			(TRE11611)		Paril Anini Rimi ni	F N R (17 N P) N (17 T) T T T T T T T T T	C2 III 109		
2. Principal Pl	incipal Place of Business - No P.O. 8ox # 3. Mailing Address									
	Bayshove Blud				i indiana mi	amine lift: Rail: Balt:	marti marai diitti Afi	DOD INION NATIONAL PROPERTY IN		
Suite, Apt.	#, etc. \	Suite, Apt. #, etc.		04152007	Chg-LLC	CR2E0	83 (12/06)			
City & State		City & State			4. FEI Numbe 20-053				plied For	
Zip	Country	Zip Country				of Status Desire	a D	\$5.00 Add	t Applicable	
<u> 33611</u>	6. Name and Address of Current F					Address of Ne		Fee Require	d	
	o. Name and Address of Current F	(egistered Agent		Name		7. Name and	Address of Ne	w Kedisteled v	-Gent	
LEWIS, MA	ARK R SR TRAL AVE., SUITE D			Street Address (P.O. Box Number is Not Acceptable)						
	RSBURG, FL 33707			State and state for the state of the state o						
				<u> </u>					7: C-4	
				City				<u>FL</u>	Zip Cod	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office o	r register	ed agent, or bo	th, in the State o	f Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	d tills if continues (AVOTES	. Danistara	d A		when reinstating)		DATE		
	Signature, typed or printed name of registered agent a	nd the ir appricable. [NOTE	: negistare	d Agent signal	nie reduired	when (dinstating)	_	DATE		·
Filing Fee Is \$50.00 Due by May 1, 2007]		iake check p rida Departm	-	• 9	
9	MANAGING MEMBER		10.	<u> </u>	M61	2.	ADDITIO	NS/CHANGES	Change	☐ Addition
TITLE NAME	CIBRAN, MARIANO E	☐ Delete	TITL! NAM			AN, Mavi	440 E		Ex- Change	
STREET ADDRESS	2902 W AQUILLA ST			ET ADDRESS	420	or Baysle	ore OIUP	# 904		
CITY-ST-ZIP	TAMPA, FL 33629		+	- ST- ZIP	79	upg FC	33611			
TITLE NAME		ے Delete یہ م	TITL NAM						☐ Change	☐ Addition
STREET ADDRESS				ET ADORESS						
CITY-ST-ZIP			СПҮ	-ST-ZIP	,					
TITLE		Delete	7111						☐ Change	Addition
name Street address			NAM	EET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITL	<u> </u>					☐ Change	Addition
NAME			. NAM							
STREET ADDRESS City-St-Zip				ET ADDRESS '- St-ZIP						
TITLE		Delete	TIFL		 				☐ Change	☐ Addition
NAME		بالمارين والمارين	NAM							
STREET ADDRESS				EET ADORESS						
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title Name		☐ Delete	TITL		1				Change	☐ Addition
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP			CITY	1-ST-ZIP						
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have	the sam	e legal effe	ect as if n	nade under oath	i; that I am a ma	I further certife anaging member	y that the info er or manage	ormation er of the

CILIATOR SIGNATURE: MAY LAW E C. BYGLE SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

813-810-7394 Daytime Phone #