04/30/2007 15:02 IFAX 730i@farr.com + Route to Email 003/003
04/30/2007 15:00 2393682741 BERND RAPHAEL MD PA PAGE 03/03
04/27/07 FRI 16:20 FAX 19416390028 FARR LAW FIRM 006

FILED

2007 MAY 18 P 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055318

1. Entity Name
RAPHAEL PROPERTIES, LLC

Principal Place of Business	Mailing Address
470 LEE BOULEVARD LEHIGH ACRES, FL 33936	470 LEE BOULEVARD LEHIGH ACRES, FL 33936
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0632399 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
RAPHAEL, PAULA
470 LEE BOULEVARD
LEHIGH ACRES, FL 33936

7. Name and Address of New Registered Agent
Name: FARR LAW FIRM c/o David Holmes
Street Address (P.O. Box Number is Not Acceptable): 99 Nesbit Street
City: Punta Gorda FL Zip Code: 33950

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] DAVID A. HOLMES 4/30/07
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAPHAEL, PAULA V 470 LEE BOULEVARD LEHIGH ACRES, FL 33936	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4/25/07 239 691 1399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #