


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000000196	
1. Entity Name DESOTO PROPERTIES, LLC	

Principal Place of Business 861 N. HERCULES AVE. P.O. BOX 4490 CLEARWATER, FL 33758-4490	Mailing Address 861 N. HERCULES AVE. P.O. BOX 4490 CLEARWATER, FL 33758-4490
---	---

DO NOT WRITE IN THIS SPACE



01092007No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DESOTO, PETER 861 N. HERCULES AVE. CLEARWATER, FL 33758-4490

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO DESOTO, PETER P.O. BOX 4490/861 N. HERCULES AVE CLEARWATER, FL 337654490
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DESOTO, CAROLE P.O. BOX 4490/861 N HERCULESE AVENUE CLEARWATER, FL 337654490
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

U00000645880
03/06/07-80007-007 50.00

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: 	Date: 1/9/07	Daytime Phone #: 727-421-7040
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		