## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000001167

1. Entity Name

MAINSHEET PROPERTIES, LLC



Principal Place of Business

S

4362 NORTHLAKE BLVD

SUITE 206 Palm Beach Gardens, FL 33410 US Mailing Address

4362 NORTHLAKE BLVD

SUITE 206

PALM BEACH GARDENS, FL 33410 L

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03052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 77-0619745

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

**FILED** 

Mar 14, 2008 08:00 A Secretary of State

6. Name and Address of Current Registered Agent

DAMIGOS, PAUL 174 SATIN LEAF DRIVE JUPITER, FL 33458

## DO NOT WRITE IN THIS SPACE

|  |   |   | THO OF AGE   |
|--|---|---|--|
| 8. The above the obliga                            | e named entity submits this statement for the purpose of chan<br>thons of registered agent. | ging its registered office or registered agent, or bot      | h, in the State of Florida. I am familiar with, and accept |
| SIGNATURE.   | Signature typed or printed name of registered agent and little if applicable                | (NOTE Registered Agent signature required when reinstating) | DATE   |
| FILI<br>After Ma                                   | E NOW!!! FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75                                  |   |  |
| 9.   | MANAGING MEMBERS/MANAGERS   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP              | MGR<br>DAMIGOS, PAUL<br>174 SATIN LEAF DRIVE<br>JUPITER, FL 33458                           |   | U00000858712<br>04/01/08-80056-009 138.75                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | DO  | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP              |   | IN 7  | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP              |   |   |  |
| TITLE  |   |   |  |

11. I hereby certify that the information supplied with this filling 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 acsurate 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 of trustee empowered the execute this report as required by Chapter 608, Florida Statutes.

DR AUTHORIZED REPRESENTATIVE

SIGNATURE: SIGNATURE AND TRADE OF PRINTED NAME OF SIGNING

STREET ADDRESS CITY-ST-ZIP

3-11-02

Date

Daytime Phone #