

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000001997

1. Entity Name
MOUHOURTIS PROPERTIES, LLC



Principal Place of Business
590 WELLS RD
SUITE 2
ORANGE PARK, FL 32073

Mailing Address
590 WELLS RD
SUITE 2
ORANGE PARK, FL 32073



04302008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0580269	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

MOUHOURTIS, CHRISTOPHER
590 WELLS RD
SUITE 2
ORANGE PARK, FL 32073

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MOUHOURTIS, CHRISTOPHER
STREET ADDRESS	590 WELLS RD SUITE 2
CITY - ST - ZIP	ORANGE PARK, FL 32073

TITLE	MGRM
NAME	MOUHOURTIS, JAMES N
STREET ADDRESS	590 WELLS RD SUITE 2
CITY - ST - ZIP	ORANGE PARK, FL 32073

TITLE	MGRM
NAME	MOUHOURTIS, NICHOLAS
STREET ADDRESS	590 WELLS RD SUITE 2
CITY - ST - ZIP	ORANGE PARK, FL 32073

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000343711
05/29/08-80069-014 138.75

**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

X Nicholas Mouhourtis X 4/30/08 X 9042774603