

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90302 001 ****50.00

DOCUMENT # L04000004255

1. Entity Name

L T PROPERTIES, LLC



Principal Place of Business

310 ALMOND STREET
CLERMONT FL 34711

Mailing Address

310 ALMOND STREET
CLERMONT FL 34711



2. Principal Place of Business - No P.O. Box #

1958 Brantley Circle
Suite, Apt. #, etc.

3. Mailing Address

1958 Brantley Circle
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Clermont, FL

Zip
34711

Country
USA

City & State

Clermont, FL

Zip
34711

Country
USA

4. FEI Number

59-3404495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, ROBERT D
310 ALMOND STREET
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name Thompson, SUSAN

Street Address (P.O. Box Number is Not Acceptable)

1958 Brantley Circle

City Clermont

FL

Zip Code
34711

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

Susan Thompson SUSAN Thompson

1-30-07

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

(NOTE: Registered Agent signature required when existing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME THOMPSON, ROBERT D
STREET ADDRESS 310 ALMOND STREET
CITY-ST-ZIP CLERMONT FL 34711

TITLE MGRM ☐ Delete
NAME THOMPSON, SUSAN L
STREET ADDRESS 310 ALMOND STREET
CITY-ST-ZIP CLERMONT FL 34711

TITLE MGRM ☐ Delete
NAME LUCAS, DAVID H
STREET ADDRESS 310 ALMOND STREET
CITY-ST-ZIP CLERMONT FL 34711

TITLE MGRM ☐ Delete
NAME LUCAS, KATHERINE F
STREET ADDRESS 310 ALMOND STREET
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Thompson, Robert D
STREET ADDRESS 1958 Brantley Circle
CITY-ST-ZIP Clermont, FL 34711

TITLE MGRM ☒ Change ☐ Addition
NAME Thompson, Susan L
STREET ADDRESS 1958 Brantley Circle
CITY-ST-ZIP Clermont, FL 34711

TITLE MGRM ☒ Change ☐ Addition
NAME Lucas, David H
STREET ADDRESS 1958 Brantley Circle
CITY-ST-ZIP Clermont, FL 34711

TITLE MGRM ☒ Change ☐ Addition
NAME Lucas, Katherine F
STREET ADDRESS 1958 Brantley Circle
CITY-ST-ZIP Clermont, FL 34711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Susan Thompson

1-30-07

(352) 394-5477

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

Date

Daytime Phone #