

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000004255

1. Entity Name
L T PROPERTIES, LLC



Principal Place of Business
**1958 BRANTLEY CIRCLE
CLERMONT, FL 34711**

Mailing Address
**1958 BRANTLEY CIRCLE
CLERMONT, FL 34711**



04102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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, SUSAN
1958 BRANTLEY CIRCLE
CLERMONT, FL 34711**

**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	THOMPSON, ROBERT D
STREET ADDRESS	1958 BRANTLEY CIRCLE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	MGRM
NAME	THOMPSON, SUSAN L
STREET ADDRESS	1958 BRANTLEY CIRCLE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	MGRM
NAME	LUCAS, DAVID H
STREET ADDRESS	1958 BRANTLEY CIRCLE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	MGRM
NAME	LUCAS, KATHERINE F
STREET ADDRESS	1958 BRANTLEY CIRCLE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000995984
04/24/08-80090-012 138.75

**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: *Susan L. Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SUSAN L. Thompson

4-10-08 (352) 394-5177

Date

Daytime Phone #