


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000009917</b> 1. Entity Name <b>SUWANNEE VALLEY PROPERTIES, LLC</b>					
Principal Place of Business <b>135 SW BULLDAWG GLEN LAKE CITY FL 32024</b>			Mailing Address <b>135 SW BULLDAWG GLEN LAKE CITY FL 32024</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-1218059</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent <b>CUMMINGS, JAMES L 135 SW BULLDAWG GLEN LAKE CITY FL 32024</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u>James L Cummings</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/22/07</u>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM CUMMINGS, JAMES L 24678 111TH DRIVE O'BRIEN FL 32071	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	U000000604112 01/29/07-80040-015 50.00
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM BAXLEY, PHILLIP B 7960 N. 192ND STREET MCALPIN FL 32062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM BAXLEY, PHILLIP B 7960 N. 192ND STREET MCALPIN FL 32062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** James L Cummings / **James L Cummings** 1/22/07 (386) 590-0642  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #