

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Feb 11, 2008 08:00 A**  
**Secretary of State**

|                                                       |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000012351</b>                        |  |
| 1. Entity Name<br><b>JAMES DIVINE PROPERTIES, LLC</b> |                                                                                   |

|                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br><b>5213 34TH AVE. WEST<br/>BRADENTON FL 34209</b> | Mailing Address<br><b>5213 34TH AVE. WEST<br/>BRADENTON FL 34209</b> |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

1st MOORE CR2E083 (10/07)

|                                                                                                                              |  |                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|
| 4. FEI Number<br><b>41-2128365</b>                                                                                           |  | Applied For<br>No: Applicable                                                                                                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                    |  | <b>\$5.00</b> Additional Fee Required                                                                                                |
| 6. Name and Address of Current Registered Agent<br><br><b>DIVINE, JAMES C<br/>5213 34TH AVE. WEST<br/>BRADENTON FL 34209</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)  
\_\_\_\_\_  
DATE \_\_\_\_\_

|                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>FILE NOW!!! FEE IS \$138.75</b><br/><b>After May 1, 2008, Fee Will Be \$538.75</b><br/><b>Make Check Payable to Florida Department of State</b></p> |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                     | 10. ADDITIONS/CHANGES                          |                                                                                                             |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DIVINE, JAMES C<br>5213 34TH AVE. WEST<br>BRADENTON FL 34209 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | U00000824302<br>02/20/08-80075-001 138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                           |

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 808, Florida Statutes.

SIGNATURE: James Divine James Divine 2/7/08 941-792-5767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #