

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012824

Entity Name: DE LEON PROPERTIES, L.L.C.

FILED  
Apr 29, 2007  
Secretary of State

## Current Principal Place of Business:

1956 SPARROW LN  
NAVARRE, FL 32566

## New Principal Place of Business:

6987 ELEGANCE CT.  
NAVARRE, FL 32566

## Current Mailing Address:

1956 SPARROW LN  
NAVARRE, FL 32566

## New Mailing Address:

PO BOX 5345  
NAVARRE, FL 32566

FEI Number: 20-1084716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE LEON, ROBERT A  
1956 SPARROW LN  
NAVARRE, FL 32566 US

## Name and Address of New Registered Agent:

DE LEON, ROBERT A  
6987 ELEGANCE CT.  
NAVARRE, FL 32566 US

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.

SIGNATURE:

04/29/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DE LEON, ROBERT A  
Address: 1956 SPARROW LN  
City-St-Zip: NAVARRE, FL 32566

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DE LEON, ROBERT A  
Address: 6987 ELEGANCE CT.  
City-St-Zip: NAVARRE, FL 32566

Title: MGR ( ) Change (X) Addition  
Name: DURFEE, SUSAN A  
Address: 6987 ELEGANCE CT.  
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT A. DE LEON

MGRM

04/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date