
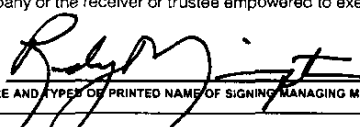


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90210 010 ****50.00

| | | | | | |
|--|--|--|--|---|--|
| DOCUMENT # L04000021273 1. Entity Name 48 PROPERTIES, LLC | | | |  | |
| Principal Place of Business 3108 CENTRAL DRIVE PLANT CITY, FL 33567 | | | Mailing Address 3108 CENTRAL DRIVE PLANT CITY, FL 33567 | | |
| 2. Principal Place of Business - No P.O. Box # 2400 ROBERTS RANCH RD Suite, Apt. #, etc. PLANT CITY | | 3. Mailing Address 2400 ROBERTS RANCH RD Suite, Apt. #, etc. PLANT CITY, FL | | | |
| City & State PLANT CITY FL | | City & State PLANT CITY, FL | | 4. FEI Number 74-3123661 | |
| Zip 33566 | | Country 33566 | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPERRY, BRUCE J 1003 S. ALEXANDER STREET, SUITE 1 PLANT CITY, FL 33563-8400 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATOUNIS, PAUL 2802 WEDGEWOOD DRIVE PLANT CITY, FL 33566 <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 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 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 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:  | | | RANDY MORNINGSTAR | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date 3/8/07 Daytime Phone # (813) 359-1200 | | |