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2007 LIMITED LIABILITY COMPA ANNUAL REPORT	NY	Apr 26, 2007 8:00 a Secretary of State			
OCUMENT #1 04000025646	THE STA	o/ 26 2007 9003/ 02/ ****50 00			

1. Entity Nam	MENT # L04000025 PROPERTIES, LLC	5646			04-26-2007	[,] 90034 024 ****	*50.00	
299 BOULE	pal Place of Business Mailing Address 30ULEVARD DES PINS 299 BOULEVARD DES PINS UGUSTINE, FL 32080 ST. AUGUSTINE, FL 32080			EAAFTII				
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	ite, Apt. #, etc. Suite, Apt. #, etc.		04182007	Chg-LLC	CR2E083 (12/06	i)		
City & Stat	e	City & State		4. FEI Number 20-0957				
Zip	Country	Zip	Country	5. Certificate of	e of Status Desired			
	6. Name and Address of Current	Registered Agent	Name	7. Name and A	ddress of New R	legistered Agent		
KRESGE, KENNETH R CPA 1200 PLANTATION ISLAND DRIVE Street Addre		Street Address	(P.O. Box Number is Not Acceptable)					
SUITE 230 ST. AUGU) ISTINE, FL 32084							
Ţ,						FL Zip Co		
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 requir	ed when reinstaling)		DATE		
· · · · · · · · · · · · · · · · · · ·		1 :		· · · · · · · · · · · · · · · · · ·				
Filing Fee is \$50.00 Due by May 1, 2007				e check payable to a Department of Sta				
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE NAME	MGR GAUSE, WILLIAM H	Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	299 BOULEVARD DES PINS ST. AUGUSTINE, FL 32080	. 4 7	STREET ADDRESS CITY-ST-ZIP					
TITLE	31. A00031114E, TE 32000	□ Delele	TITLE			Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				_	
CITY-ST-2IP		-114-	CITY-ST-ZIP					
TITLE Name		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				1	
TITLE		☐ Delete	CHY-ST-ZIP TITLE			Change	☐ Addition	
NAME STREET ADDRESS			NAME					
CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	·····	☐ Delete	CITY-ST-ZIP			Change	CT Addition	
NAME		C. Delete	NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
mucateu	ertify that the information supplied with on this report is true and accurate and	that my signature shall have th	ne same legal effect as if	made under oath: th	nat Iam a manan	rther certify that the infi	ormation er of the	
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
	A Lell II.	III VI						
SIGNAT	URE: William F	Hause, b.	AGER, OR AUTHORIZED REPRES	4-	24-07	904 471 86 Daytime Phone #	73	