2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000032326

1. Entity Name

ANNUEE PROPERTIES, L.L.C.



FILED Apr 17, 2008 08:00 Al Secretary of State

Principal Place of Business

22991 96TH STREET

22991 961H STREET LIVE OAK, FL 32060 Mailing Address

22991 96TH STREET LIVE OAK, FL 32060



04152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1078795 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CANDLER, MICHAEL D 22991 96TH STREET LIVE OAK, FL 32060

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 The above named entity submits this statement for the purpose of chang the obligations of registered agent. 	ging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000304445 05/01/08-80013-021 138.75

MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE CANDLER, MICHAEL D NAME STREET ADDRESS 22991 96TH STREET CITY-ST-ZIP LIVE OAK, FL 32060 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F STREET ADDRESS CITY-ST-ZIP

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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 eath; that 1 am a managing member or manager of the limited liability company or the receiver and the empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Micahel D. Candler

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4/15/08

386-755-2774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #