


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000035519 1. Entity Name LORRAINE PROPERTIES LLC	
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Principal Place of Business C/O MS. GAIL LORRAINE 1766 FIESTA DRIVE SARASOTA, FL 34231	Mailing Address C/O MS. GAIL LORRAINE 1766 FIESTA DRIVE SARASOTA, FL 34231
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DO NOT WRITE IN THIS SPACE



03042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1469881	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LORRAINE, GAIL 1766 FIESTA DRIVE SARASOTA, FL 34231

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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 required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LORRAINE, GAIL 1766 FIESTA DRIVE SARASOTA, FL 34231
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<p>U00000670310 03/27/07-80107-010 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: *Gail Lorraine* **3/15/07** **941 921-6309**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #