2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000037917

1. Entity Name
AUSTRALIAN PROPERTIES, LLC



Principal Place of Business

3500 SHINN ROAD FORT PIERCE, FL 34945 Mailing Address P.O. BOX 14049

FT PIERCE, FL 34979

FILED Apr 26, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 05-0602858 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PANTUSO, GEORGE T 3500 SHINN ROAD FORT PIERCE, FL 34945

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| The above named entity submits this statement for the purpose of cha the obligations of registered agent. | nging 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 |
| | | |

Filing Fee Is \$50.00 Due by May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|----------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PANTUSO, GEORGE 3500 SHINN RD FORT PIERCE, FL 34945 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| IITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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 frue 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 of the region or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/23/27

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Daytime Phone #