2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000039538

Entity Name

SIGNATURE

FAT KATZ PROPERTIES, LLC



FILED Apr 25, 2007 08:00 All Secretary of State

Principal Place of Business			Mailing Address	Mailing Address								
1310 WEST CHARTER STREET TAMPA FL 33602			1310 WEST CHARTE TAMPA FL 33602	1310 WEST CHARTER STREET TAMPA FL 33602								
2. Principal Place of Business - No P O. Box #			3. Mailing Address	3. Mailing Address			!!	INNII MII NII NII MARINI P ILPII 4 3	kkii (1991) 1991) 1990 1141)			
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			1st MOORE CR2E083 (10/06)					
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Žip		Country	Zip	ntry		Certificate of Status Dosired						
	6. Name	and Address of Current	Registered Agent	jistered Agent			7. Name and Address of New Registered Agent					
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131	TZ, MARK 10 WEST (MPA FL 3:	CHARTER STREE	Γ		Street Address (P.O. Box Number is Not Acceptable)							
IAI	MICA FL 3	3002	•	•								
									FL	Zip Coo	le	
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												
FILE NOW!!! FEE IS \$50.00												
Make Check Payable to Florida Department of State												
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	cortify that the	information supplied with	h this filling does not qualify			contained	in Section 1:	19 Florida Statut	oe I further ser	ifu that the i	nformatica	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.												

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE