


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90061 021 ****50.00

DOCUMENT # L04000044866	
1. Entity Name TAILGATE PROPERTIES, LLC	

Principal Place of Business 14095 S.W. 32ND TERRACE ROAD OCALA, FL 34473	Mailing Address PO BOX 366 OXFORD, FL 34484
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2. Principal Place of Business - No P.O. Box # 4757 CR 307	3. Mailing Address 4757 CR 307
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Panasoffkee FL	City & State Lake Panasoffkee, FL
Zip 33538	Country Sumter
Zip 33538	Country Sumter

6. Name and Address of Current Registered Agent WILLIAMS, MABRY A 14095 S.W. 32ND TERRACE ROAD OCALA, FL 34473	
7. Name and Address of New Registered Agent Name Williams, Mabry A Street Address (P.O. Box Number is Not Acceptable) 4757 CR 307 City Lake Panasoffkee FL Zip Code 33538	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, MABRY A 14095 S.W. 32ND TERRACE ROAD OCALA, FL 34473 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4757 CR 307 Lake Panasoffkee, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, CAROLYN E 14095 S.W. 32ND TERRACE ROAD OCALA, FL 34473 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4757 CR 307 Lake Panasoffkee, FL 33538
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mabry Williams Mabry Williams 6/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #