

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000045957

1. Entity Name
SAME PROPERTIES, LLC



FILED

07 FEB -9 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01292007 Chg-LLC CR2E083 (12/06)

Principal Place of Business
3116 CAPITAL CIRCLE NORTHEAST, SUITE 5
TALLAHASSEE, FL 32308

Mailing Address
3116 CAPITAL CIRCLE NORTHEAST, SUITE 5
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #
300 E. Park Avenue

3. Mailing Address
300 E. Park Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
20-1471508

Applied For
Not Applicable

Zip
32301

Country
USA

Zip
32301

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAWS, SONYA K
3116 CAPITAL CIRCLE NORTHEAST, SUITE 5
TALLAHASSEE, FL 32308

Name
Frederick L. Bateman, Jr.

Street Address (P.O. Box Number is Not Acceptable)
300 E. Park Avenue

City
Tallahassee

FL Zip Code
32301

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)

01-29-07

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DAWS, SONYA K
3116 CAPITAL CIRCLE NORTHEAST, SUITE 5
TALLAHASSEE, FL 32308 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800088242138
02/13/07--01049--002 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BATEMAN, FREDERICK L JR.
3116 CAPITAL CIRCLE NORTHEAST, SUITE 5
TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Bateman, Frederick L. Jr.
300 E. Park Avenue
Tallahassee, FL 32301 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

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

01-29-07

Date

(850) 222-1020

Daytime Phone #