## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000045957

1. Entity Name SAME PROPERTIES, LLC



Principal Place of Business

201 S MONROE ST SUITE 501

TALLAHASSEE, FL 32301

Mailing Address

201 S MONROE ST SUITE 501

TALLAHASSEE, FL 32301

## FILED May 01, 2008 8:00 am Secretary of State

05-01-2008 90023 044 \*\*\*138.75

60036931



03262008 No Chg-LLC

CR2E083 (12/07)

850 222 1070

Daytime Phone #

| 4. FEI Number 20-1471508 |            |                  | Applied For<br>Not Applicable |
|--------------------------|------------|------------------|-------------------------------|
| 5. Certificate of Statu  | us Desired | \$5.00<br>Fee Re | Additional guired             |

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

BATEMAN, FREDERICK L JR. 300 E. PARK AVENUE TALLAHASSEE, FL 32301

SIGNATURE:

| DO | NOT  | WRITE |
|----|------|-------|
| IN | THIS | SPACE |

| 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 registrical agent.  SIGNATURE  1.130/08   |  |                |  |  |  |
|---|--|----------------|--|--|--|
| Signature, typed designed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOWILL FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75   |  |                |  |  |  |
| 9.  | MANAGING MEMBERS/MANAGERS                      |                |  |  |  |
| TITLE   | MGRM   |                |  |  |  |
| NAME<br>STREET ADDRESS  | BATEMAN, FREDERICK L JR.<br>300 E. PARK AVENUE | ·              |  |  |  |
| CITY-ST-ZIP   | TALLAHASSEE, FL 32301                          |                |  |  |  |
| TITLE   | 11.22.0.0022,72.02001                          |                |  |  |  |
| NAME  |  |                |  |  |  |
| STREET ADDRESS  |  | ,              |  |  |  |
| CITY-ST-ZIP   |  |                |  |  |  |
| TITLE   |  |                |  |  |  |
| NAME  |  |                |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  | I DO NOT WRITE |  |  |  |
| TITLÉ   |  | IN THE CDACE   |  |  |  |
| NAME  |  | IN THIS SPACE  |  |  |  |
| STREET ADDRESS  |  |                |  |  |  |
| CITY-\$T-ZIP  |  |                |  |  |  |
| TITLE   |  | 4 1            |  |  |  |
| NAME<br>STREET ADDRESS  |  |                |  |  |  |
| CITY-ST-ZIP   |  |                |  |  |  |
| TITLE   |  | 1 :            |  |  |  |
| NAME  | . /  |                |  |  |  |
| STREET ADDRESS  | l /  |                |  |  |  |
| CITY-\$T-ZIP  |  |                |  |  |  |
| 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 laceurate 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. |  |                |  |  |  |