2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L04000047210

Entity Name: 1ST U.S. PROPERTIES, LLC

Current Principal Place of Business:

4133 TAMIAMI TRAIL EAST
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

4133 TAMIAMI TRAIL EAST
NAPLES, FL 34112

New Mailing Address:

PO BOX 19638
PARADISE, NV 89132

FEI Number: 77-0638908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLTON, AUTUMN J RN
4133 TAMIAMI TRAIL EAST
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	COLTON, AUTUMN	
Address:	4133 TAMIAMI TRAIL EAST	
City-St-Zip:	NAPLES, FL 34112	
Title:	MGRM	( ) Delete
Name:	WOLF, HANK	
Address:	4133 TAMIAMI TRAIL EAST	
City-St-Zip:	NAPLES, FL 34112	
Title:	MGRM	( ) Delete
Name:	O'MAN, B. THOMAS	
Address:	4133 TAMIAMI TRAIL EAST	
City-St-Zip:	NAPLES, FL 34112	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: B. THOMAS O'MAN MGRM 04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date