


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000056616 1. Entity Name PICKENS PROPERTIES, LLC	
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Principal Place of Business 8157 RIVER POINT DR WEEKI WACHEE, FL 34607 US	Mailing Address 8157 RIVER POINT DR WEEKI WACHEE, FL 34607 US
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1435083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PICKENS, KENTON
8157 RIVER POINT DR
WEEKI WACHEE, FL 34607**

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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 registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICKENS, KENTON 8157 RIVER POINT DR WEEKI WACHEE, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICKENS, SUSAN D 8157 RIVER POINT DR WEEKI WACHEE, FL 34607
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04/26/07-80003-009 50.00

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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: S.D. Pickens Susan D. Pickens 4-14-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #