2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000062527

1. Entity Name

GADSDEN STREET PROPERTIES, LLC



04-24-2007 90119 032 ****50.00

Apr 24, 2007 8:00 am Secretary of State

FILED

Principal Place of Business

7465 N. PALAFOX STREET PENSACOLA, FL 32503 Mailing Address

P.O. BOX 11577 PENSACOLA, FL 32524 76866000



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1547425

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, DONALD W 7465 N. PALAFOX STREET PENSACOLA, FL 32503

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan ions of registered agent.	nging its registered office or registered agent, or both, in the State of	Florida. I am familiar with, and accept
SIGNATURE Signature, typed or preled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renistating) DATE			
F	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, DONALD W 7465 N. PALAFOX STREET PENSACOLA, FL 32503		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADLEY, JAMES W 3280 W. SCOTT STREET PENSACOLA, FL 32505		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT V	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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 hat 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 received or twisted for execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

STREET ADDRESS CITY-ST-ZIP

4/19/

67

Daytime Phone #