

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063679

FILED  
Apr 20, 2008  
Secretary of State

Entity Name: PROPERTY SEEKERS, LLC

## Current Principal Place of Business:

18041 SW 149TH COURT  
MIAMI, FL 33187

## New Principal Place of Business:

13727 SW 152ND STREET  
105  
MIAMI, FL 33177

## Current Mailing Address:

PO BOX 771925  
MIAMI, FL 33177

## New Mailing Address:

13727 SW 152ND STREET  
105  
MIAMI, FL 33177

FEI Number: 47-0945529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLIVER, ORLANDO  
17220 NW 53 PL  
CAROL CITY, FL 33055 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: KNOBLOCK, KAREN  
Address: PO BOX 771925  
City-St-Zip: MIAMI, FL 33177

Title: MGRM ( ) Delete  
Name: GOMEZ, LUCIO  
Address: PO BOX 771925  
City-St-Zip: MIAMI, FL 33177

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KNOBLOCK, KAREN  
Address: 13727 SW 152ND STREET, #105  
City-St-Zip: MIAMI, FL 33177

Title: MGRM (X) Change ( ) Addition  
Name: GOMEZ, LUCIO  
Address: 13727 SW 152ND STREET, #105  
City-St-Zip: MIAMI, FL 33177

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: KAREN KNOBLOCK

MGRM

04/20/2008

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