


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000066617 1. Entity Name TOWN PROPERTIES OF KISSIMMEE, LLC	
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Principal Place of Business 1520 CREST RIDGE DRIVE KISSIMMEE, FL 34746	Mailing Address 1520 CREST RIDGE DRIVE KISSIMMEE, FL 34746
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DO NOT WRITE IN THIS SPACE



03132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2806084	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

**MCCURDY, PATRICIA J
1520 CREST RIDGE DRIVE
KISSIMMEE, FL 34746**

**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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SESSIONS, RAYMOND R D 624 LAKESHORE BLVD KISSIMMEE, FL 34744
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04/11/07-80053-003 50.00

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	4-2-07 Date	407-847-21194233 Daytime Phone #
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