

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066719

FILED  
Mar 02, 2007  
Secretary of State

Entity Name: PUTNAL PROPERTIES, L.L.C.

**Current Principal Place of Business:**

4971 SCENIC MARSH COURT  
JACKSONVILLE, FL 32226

**New Principal Place of Business:**

**Current Mailing Address:**

5150 BELFORT ROAD  
BUILDING 100  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 20-1824927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHNEIDER, MICHAEL N  
5150 BELFORT ROAD, BUILDING 100  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

SCHNEIDER, MICHAEL N  
5150 BELFORT ROAD, BUILDING 100  
JACKSONVILLE, FL 32256 US

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:

03/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PUTNAL, DIANNA E  
Address: 4971 SCENIC MARSH COURT  
City-St-Zip: JACKSONVILLE, FL 32226

Title: MGR ( ) Delete  
Name: PUTNAL, JAMES  
Address: 4971 SCENIC MARSH COURT  
City-St-Zip: JACKSONVILLE, FL 32226

**ADDITIONS/CHANGES:**

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 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: DIANNA PUTAL

M

03/02/2007

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