


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000075227 1. Entity Name RTL PROPERTIES LLC	
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Principal Place of Business 548 N. LEAVITT AVE. ORANGE CITY, FL 32763	Mailing Address 548 N. LEAVITT AVE. ORANGE CITY, FL 32763
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DO NOT WRITE IN THIS SPACE



03112007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 34-1789214	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  MANNING, LYNN MARIE 548 N. LEAVITT AVE. ORANGE CITY, FL 32763
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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 *Lynn Marie Manning* 3-26-07  
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 MANNING, LYNN MARIE 548 N. LEAVITT AVE. ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNING, TERRY 548 N. LEAVITT AVE. ORANGE CITY, FL 32763
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04/04/07-80083-023 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: *Lynn M. Manning* LYNN MANNING 3-26-07 775-4469  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #