

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # L05000006971

1. Entity Name
 OUELLETTE PROPERTIES, LLC



Principal Place of Business

50 OAK STREET
 BABSON PARK, FL 33827

Mailing Address

50 OAK STREET
 BABSON PARK, FL 33827



04092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2228987	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

OUELLETTE, CHARLES W JR
 50 OAK STREET
 BABSON PARK, FL 33827

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 reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OUELLETTE, CHARLES W JR 50 OAK STREET BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OUELLETTE, MICHELE ELAINE 50 OAK STREET BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000716028
 04/28/07-80014-024 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: *Charles W. Ouellette* 15 April 2007 863 42 654
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #