

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90012 018 ***138.75

DOCUMENT # L050000Q8551

1. Entity Name

C SQUARED PROPERTIES, LLC



Principal Place of Business

1208 LAKE WILLISARA CIRCLE
ORLANDO FL 32806

Mailing Address

P.O. BOX 533651
ORLANDO FL 32853



2. Principal Place of Business, No P.O. Box #

TIMOTHY W EXNER
Suite, Apt. # etc.
1208 LK WILLISARA CIRCLE

3. Mailing Address

PO Box 533651
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

83-0416632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EXNER, TIMOTHY W
1208 LAKE WILLISARA CIRCLE
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

City

FL

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

Typed or printed name of registered agent and title if applicable.

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

DATE

Manager / Owner

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME EXNER, TIMOTHY W
STREET ADDRESS 1208 LAKE WILLISARA CIRCLE
CITY-ST-ZIP ORLANDO FL 32806

TITLE MGR ☐ Delete
NAME TUSCAN, ERIC
STREET ADDRESS 123 WOODVILLE AVE.
CITY-ST-ZIP GREENVILLE SC 29607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 OF THE REGISTERED AGENT OR AUTHORIZED REPRESENTATIVE

TIMOTHY W EXNER

Date

Daytime Phone #

04-26-08 407-421-9226