2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State
05-08-2007 90112 020 ****50.00

DOCUMENT # L05000012543

1. Entity Name
PROPERTY COUNTRY INVESTMENTS, LLC.

60049731

Principal Place of Business	Mailing Address
4508 SW 160 AVE SUITE 729 MIRAMAR, FL 33027	4508 SW 160 AVE SUITE 729 MIRAMAR, FL 33027

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13625 Eagle Ridge Dr	13625 Eagle Ridge Dr
Suite, Apt. #, etc. #327	Suite, Apt. #, etc. #327
City & State Fort Myers, FL	City & State Fort Myers, Fl.
Zip 33912 / Country	Zip 33912. / Country

03142007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2299096 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROJAS, JAMES
4508 SW 160 AVE SUITE 729
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

Name Rojas, James.
Street Address (P.O. Box Number is Not Acceptable) 13625 Eagle Ridge Dr #327.
City Fort Myers FL Zip Code 33912

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 Rojas, James.
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROJAS, JAMES 4508 SW 160 AVE SUITE 729 MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager. Rojas, James. 13625 Eagle Ridge Dr #327. Fort Myers, FL. 33912	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RIVERA, LILIANA P 4508 SW 160 AVE SUITE 729 MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager. Rivera, Liliana P. 13625 Eagle Ridge Dr #327 Fort Myers, Fl. 33912.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #