## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Feb 01, 2007 8:00 am Secretary of State 02-01-2007 90051 006 \*\*\*\*50.00

DOCUMENT # L05000018259  1. Entity Name GMR PROPERTIES, L.L.C.					02-01-2007 90051 006 ****50.00			
Principal Place of Business 5079 EDGEWATER DRIVE ORLANDO, FL 32810		Mailing Address 5013 EDGEWATER DRIVE ORLANDO, FL 32810			100	11		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 25/5 SHADE	re 86.					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u>~ 10.</u>	01262007	Chg-LLC	CR2E083 (12/06	i)	
City & State	e	City & State  OR (ANDO	FL	4. FEI Numb	PPLICABLE 59	-3057238	Applied For	
Zip	804 Country USA		Country USA		of Status Desired	S5.00 A	dditional	
	6. Name and Address of Current				Address of New R	egistered Agent		
			Name				-	
WEATHERFORD, WILLIAM P JR. 1150 LOUISIANA AVE., SUITE 4 WINTER PARK, FL 32789			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
			City		FL Zip Code			
	named entity submits this statement for tions of registered agent.	r the purpose of changing its regi	istered office or re	gistered agent, or bo	oth, in the State of Flo	rida. I am familiar witl	h, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE, Rec	gistered Agent signature ri	required when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007								
Fi	iling Fee is \$50.00 ue by May 1, 2007					e check payable to Department of Sta		
Fi D	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.			Department of Sta		
D	ue by May 1, 2007	RS/MANAGERS	10.		Florida	Department of Sta	ite	
9. TITLE NAME	MANAGING MEMBE MGR EFFRON, RANDY		TITLE NAME		Florida	Department of Sta	ite	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR EFFRON, RANDY 5079 EDGEWATER DRIVE		TITLE NAME STREET ADDRESS		Florida	Department of Sta	ite	
9. TITLE NAME STREET ADDRESS CITY-S1-ZIP	MANAGING MEMBE MGR EFFRON, RANDY 5079 EDGEWATER DRIVE ORLANDO, FL 32810	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		Florida	CHANGES  Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR EFFRON, RANDY 5079 EDGEWATER DRIVE ORLANDO, FL 32810 MGR		NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	Department of Sta	Addition	
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9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR EFFRON, RANDY 5079 EDGEWATER DRIVE ORLANDO, FL 32810 MGR EFFRON, MARTY 5013 EDGEWATER DRIVE ORLANDO, FL 32810 MGR	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida	CHANGES  Change	Addition Addition	
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MANAGING MEMBE MGR EFFRON, RANDY 5079 EDGEWATER DRIVE ORLANDO, FL 32810 MGR EFFRON, MARTY 5013 EDGEWATER DRIVE ORLANDO, FL 32810 MGR EFFRON, B D JR.	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME		Florida	CHANGES  Change	Addition Addition	
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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: LOU'S R. EFFRON
BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

29/07 Date