

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000027346**

1. Entity Name  
**SIP'S PROPERTIES, LLC**



Principal Place of Business

**4500 FRANCES AVENUE  
SANFORD, FL 32773**

Mailing Address

**4500 FRANCES AVENUE  
SANFORD, FL 32773**



07032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3046451**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIPLEY, DONALD H JR.  
4500 FRANCES AVENUE  
SANFORD, FL 32773**

**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 \_\_\_\_\_

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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SIPLEY, SUSAN F  
4500 FRANCES AVENUE  
SANFORD, FL 32773**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SIPLEY, DONALD H JR  
4500 FRANCES AVENUE  
SANFORD, FL 32773**

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CITY-ST-ZIP

U000000770052  
07/23/07-80007-013 50.00

**DO NOT WRITE  
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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:**

*Susan F. Siple* **Susan F. Siple** 7-19-07 407 328 4510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #