2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000027653

1. Entity Name
GUMDROP PROPERTIES, LLC



FILED Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4601 BAYSHORE BOULEVARD TAMPA, FL 33611

4601 BAYSHORE BOULEVARD TAMPA, FL 33611



01062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2368488 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAHLMAN, ANN V 4601 BAYSHORE BOULEVARD TAMPA, FL 33611

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
(STREET ADDRESS
CITY-ST-ZIP

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	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or b	pooth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
ista Tangas D	lling Fee is \$50.00 ue by May 1, 2007			
9	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAHLMAN, ANN V 4601 BAYSHORE BOULEVARD TAMPA, FL 33611		1/22222772440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		**************************************	000000578413 01/09/07-80029-004 50.00	
NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE	
TITLE NAME		IN	THIS SPACE	

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.