## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000028297

Entity Name: O'REILLY PROPERTIES, L.L.C.

FILED Feb 24, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1326 WELLSHIRE DRIVE 1109 MARCONI ST. B KATY, TX 77494 HOUSTON, TX 77019

Current Mailing Address: New Mailing Address:

C/O JAMES KARL & ASSOCIATES 975 NORTH COLLIER BOULEVARD MARCO ISLAND, FL 34145

FEI Number: 26-0111147 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KARL, JAMES L II ESQ 975 NORTH COLLIER BOULEVARD MARCO ISLAND, FL 34145 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: FELICE, CYNTHIA
Address: 1109 MARCONI ST. B
City-St-Zip: HOUSTON, TX 77019

Title: MGRM

Name: O'REILLY, TODD

Address: 2348 W. ANDREW JOHNSON HWY #118

City-St-Zip: MORRISTOWN, TN 37814

Title: MGRM

 Name:
 O'REILLY, TIMOTHY

 Address:
 8470 W. GULF BLVD #210

 City-St-Zip:
 TREASURE ISLAND, FL 33706

Title: MGRM

Name: O'REILLY, TEDMOND

Address: W72 N344 FOX POINT AVENUE City-St-Zip: CEDARBURG, WI 53012

Title: MGRM

Name: O'REILLY, TERRENCE Address: 50 REGENCY DRIVE City-St-Zip: DRACUT, MA 01826

Title: MGRM

Name: CASTILLEJA-O'REILLY, NILDA Address: 1065 BRIGHTWOOD DR. City-St-Zip: SAN MARCOS, CA 92078

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: CYNTHIA M FELICE MGRM 02/24/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date