


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000029492</b> 1. Entity Name <b>GUANAJA PROPERTIES, LLC</b>	
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Principal Place of Business <b>8494 NAVARRE PARKWAY NAVARRE, FL 32566</b>	Mailing Address <b>8494 NAVARRE PARKWAY NAVARRE, FL 32566</b>
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04162008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2622729</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PULLUM, BART R 8494 NAVARRE PARKWAY NAVARRE, FL 32566</b>
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**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000305333  
05/05/08-80004-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PULLUM, BART R 8494 NAVARRE PARKWAY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PULLUM, REBECCA A 8494 NAVARRE PKWY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPAITS, MICHAEL E 8494 NAVARRE PKWY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPAITS, SHARON A 8494 NAVARRE PKWY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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.

SIGNATURE: 

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

**Bart R. Pullum**

**4/16/07 (850) 939-2363**

Date

Daytime Phone #