

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90184 017 ****50.00

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DOCUMENT # L05000029942					
1. Entity Name S & M PROPERTIES LLC					
Principal Place of Business 418 RUBY LAKE PLACE WINTER HAVEN, FL 33884			Mailing Address 418 RUBY LAKE PLACE WINTER HAVEN, FL 33884		
2. Principal Place of Business - No P.O. Box # 1872 Crossroads Blvd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1872 Crossroads Blvd <small>Suite, Apt. #, etc.</small>			
City & State Winter Haven, FL		City & State Winter Haven, FL		4. FEI Number NOT APPLICABLE	
Zip 33884	Country USA	Zip 33884	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIGICH, STEVEN 418 RUBY LAKE PLACE WINTER HAVEN, FL 33884			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1872 Crossroads Blvd City Winter Haven FL Zip Code 33884 33881		
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 <u><i>Steven Zigich</i></u> DATE <u>3/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZIGICH, STEVEN 418 RUBY LAKE PLACE WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Zigich, Steven 1872 Crossroads Blvd Winter Haven, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIECKFELT, MICHAEL 40428 ESCHENBURG CLINTON TOWNSHIP, MI 48038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STOVER, ZIGTH 1872 CROSSROADS BOULEVARD WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Lieckfelt, Janet 40428 Eschenburg Clinton Township, MI 48038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZIGICH, JANICE 1872 CROSSROADS BLVD. WINTER HAVEN FL 33881 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Steven Zigich</i></u> Steven Zigich <u>3/27/07</u> <u>863 605-1248</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					