2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000032121

1. Entity Name

SALLEN PROPERTIES, LLC

Principal Place of Business Mailing Address

1804 MICCOSUKEE COMMONS, UNIT 204 TALLAHASSEE, FL 32308 1804 MICCOSUKEE COMMONS, UNIT 204 TALLAHASSEE, FL 32308 FILED Feb 02, 2007 08:00 AM Secretary of State



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2610405

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLACKBURN, SALLY CHAMPION 1804 MICCOSUKEE COMMONS, UNIT 204 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of cha the obligations of registered agent.	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE Specifics, wheel or project person of requirement around add title of applicables	(NCTF: Receivered Agent sound in required when constitution)	DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLACKBURN, SALLY CHAMPION TRUSTEE 8499 CONGRESSIONAL DRIVE TALLAHASSEE, FL 32312
NAME STREET ADDRESS CITY-SI-ZIP	MGRM BLACKBURN, GLEN A 8499 CONGRESSIONAL DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filling does not qualify for the ex

U00000618669 02/08/07-80037-017 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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: Lally Changion Blockbury	Sull	Chumpiau	Blackburn	1/31/07	(850)442-9918	_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, O	OR AUTHORIZED	REPRESENTATIVE		Date	Daytme Phone P	