


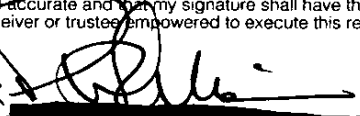
**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90347 008 ****55.00

DOCUMENT # L05000032555					
1. Entity Name FINEST PROPERTIES, L.L.C.					
Principal Place of Business 1330 CAXAMBAS CT MARCO ISLAND, FL 34145		Mailing Address 1330 CAXAMBAS CT MARCO ISLAND, FL 34145			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 34-2043055	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SULLIVAN, PAUL W 1330 CAXAMBAS CT MARCO ISLAND, FL 34145			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reactivating)</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	MGRM CACHIANES, JOHN 450 COTTAGE CT MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBERT SEIGFRIED 560 HAMMUCK CT MARCO ISLAND, FL 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition INCLUDED 2006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLUBERDANZ, WALLACE J 656 HICKORY RD NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM TOBIN 1819 INLET DRIVE MARCO ISLAND, FL 34145	<input type="checkbox"/> Change <input type="checkbox"/> Addition INCLUDED 2006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINMAN, E. KELLY 1250 OSPREY CT MARCO ISLAND, FL 34145	<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	MGRM SULLIVAN, TIMOTHY C 187 STEEP HILL RD. WESTON, CT 06883	<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	MGRM MALLOY, JOSEPH P 1271 EMBER CT MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGNES MALLOY 1271 EMBER CT MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARR, JAMES R 1254 MARTINIQUE CT MARCO ISLAND, FL 34145	<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  PAUL W. SULLIVAN 3/21/07 239-393-9125