


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90062 050 ****50.00

DOCUMENT # L05000033752	
1. Entity Name AMERSON PROPERTIES LLC	

Principal Place of Business 1247 MOUNT LOGAN DR APOPKA, FL 32712 US	Mailing Address 1247 MOUNT LOGAN DR APOPKA, FL 32712 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 221
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Apopka, FL
Zip	Country USA
Country	Zip 32704



01172007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2635942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent KABA CONSULTING INC 205 W WASHINGTON ST SUITE C MINNEOLA, FL 34755	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 PETERSON, VELVA J 1247 MOUNT LOGAN DR APOPKA, FL 32712 <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
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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: *Velva J. Peterson*