

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000043831 1. Entity Name INLAND INVESTMENT PROPERTIES, LLC	
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Principal Place of Business 6550 53RD ST PINELLAS PARK, FL 33781	Mailing Address 6550 53RD ST PINELLAS PARK, FL 33781
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2770453	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P  
 315 S. HYDE PARK AVENUE  
 TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

B. 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 \_\_\_\_\_

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

U00000829020  
 02/28/08-80017-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARTOR, SR, JOHN R 18441 HARDROCK RD BROOKSVILLE, FL 34603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLSON, CARL 23112 FITZHUGH AVE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOCCALINO, GEORGE 5582 BAYVIEW DR SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCVEY, JOHN W 205 66TH STREET S. SAINT PETERSBURG, FL 33707
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:  George Toccalino/MGRM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #