


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90017 050 ***143.75

DOCUMENT # L05000045096

1. Entity Name
F7 PROPERTIES, LLC



Principal Place of Business
**6550 NEW TAMPA HIGHWAY, SUITE B
 LAKE LAND, FL 33815**

Mailing Address
**6550 NEW TAMPA HIGHWAY, SUITE B
 LAKE LAND, FL 33815**

60036601



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04302008 Chg-LLC CR2E083 (12/06)

City & State
 Zip Country

4. FEI Number
05-0623076

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WOOD, PAUL W
 6550 NEW TAMPA HIGHWAY, SUITE B
 LAKE LAND, FL 33815**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GATES, PAUL D		NAME	Hestand, Rue S	
STREET ADDRESS	6550 NEW TAMPA HIGHWAY, SUITE B		STREET ADDRESS	6550 New Tampa Hwy, Ste B	
CITY-ST-ZIP	LAKE LAND, FL 33815		CITY-ST-ZIP	Lakeland, FL 33815	
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FORTUNE 7, INC		NAME	Seelig, Christopher	
STREET ADDRESS	6550 NEW TAMPA HIGHWAY, SUITE B		STREET ADDRESS	6550 New Tampa Hwy, Ste B	
CITY-ST-ZIP	LAKE LAND, FL 33815		CITY-ST-ZIP	Lakeland, FL 33815	
TITLE	<input type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Ashline, Thomas	
STREET ADDRESS			STREET ADDRESS	6550 New Tampa Hwy, Ste B	
CITY-ST-ZIP			CITY-ST-ZIP	Lakeland, FL 33815	
TITLE	<input type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Wood, Paul	
STREET ADDRESS			STREET ADDRESS	6550 New Tampa Hwy, Ste B	
CITY-ST-ZIP			CITY-ST-ZIP	lakeland, FL 33815	
TITLE	<input type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Tittel, Harry	
STREET ADDRESS			STREET ADDRESS	6550 New Tampa Hwy, Ste B	
CITY-ST-ZIP			CITY-ST-ZIP	Lakeland, FL 33815	
TITLE	<input type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	BuShea, Kenneth	
STREET ADDRESS			STREET ADDRESS	6550 New Tampa Hwy, Ste b	
CITY-ST-ZIP			CITY-ST-ZIP	Lakeland, FL 33815	

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:  **4/30/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #