

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045096

FILED
Apr 27, 2009
Secretary of State

Entity Name: F7 PROPERTIES, LLC

Current Principal Place of Business:

6550 NEW TAMPA HIGHWAY, SUITE B
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

6550 NEW TAMPA HIGHWAY, SUITE B
LAKELAND, FL 33815

New Mailing Address:

FEI Number: 05-0623076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOOD, PAUL W
6550 NEW TAMPA HIGHWAY, SUITE B
LAKELAND, FL 33815 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GATES, PAUL D
Address: 6550 NEW TAMPA HIGHWAY, SUITE B
City-St-Zip: LAKELAND, FL 33815

Title: MGRM () Delete
Name: FORTUNE 7, INC
Address: 6550 NEW TAMPA HIGHWAY, SUITE B
City-St-Zip: LAKELAND, FL 33815

Title: MGR () Delete
Name: THOMAS, ASHLINE
Address: 6550 NEW TAMPA HWY, STE B
City-St-Zip: LAKELAND, FL 33815

Title: MGR () Delete
Name: WOOD, PAUL
Address: 6550 NEW TAMPA HWY, STE B
City-St-Zip: LAKELAND, FL 33815

Title: MGR () Delete
Name: TITTEL, HARRY
Address: 6550 NEW TAMPA HWY, STE B
City-St-Zip: LAKELAND, FL 33815

Title: MGR () Delete
Name: BUSHEA, KENNETH
Address: 6550 NEW TAMPA HWY, STE B
City-St-Zip: LAKELAND, FL 33815

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 D. GATES

MGR

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date