2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State
03-17-2008 90258 031 ***138.75

DOCUMENT # L05000047169

1. Entity Name
SARACEN PROPERTIES, LLC

Principal Place of Business	Mailing Address
6022 KIPPS COLONY DR E GULFPORT, FL 33707	6022 KIPPS COLONY DR E GULFPORT, FL 33707

300038UU

03062008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0835311
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, STEPHANIE
6022 KIPPS COLONY DR E
GULFPORT, FL 33707

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SARACEN-HARRIS, STEPHANIE
STREET ADDRESS	6022 KIPPS COLONY DR E
CITY-ST-ZIP	GULFPORT, FL 33707
TITLE	
NAME	
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NAME	
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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: Stephanie Saracen-Harris 4-7-08 813-728-5969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #