

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90037 038 ****50.00

DOCUMENT # L05000047559

1. Entity Name
NESS PROPERTIES, L.L.C.



Principal Place of Business
**430 NORTH MILLS AVENUE
C/O KEVIN JON PRIBELL, MANAGER
ORLANDO, FL 32803 US**

Mailing Address
**430 NORTH MILLS AVENUE
C/O KEVIN PRIBELL, MANAGER
ORLANDO, FL 32803 US**

60055563



2. Principal Place of Business - No P.O. Box #
430 North Mills Ave.

3. Mailing Address
430 North Mills Ave.

Suite, Apt. #, etc.
Suite 1, 46 Kevin Jon Pribell, Mgr.

Suite, Apt. #, etc.
Suite 1, 46 Kevin Pribell, Mgr.

09032007 Chg-LLC CR2E083 (12/06)

City & State
Orlando, FL 32803

City & State
Orlando, FL

4. FEI Number
20-2869914

Applied For
Not Applicable

Zip
32803

Country
USA

Zip
32803

Country
USA

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

6. Name and Address of Current Registered Agent

**PRIBELL, KEVIN J
430 NORTH MILLS AVENUE
ORLANDO, FL 32803**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **PRIBELL, KEVIN J**
STREET ADDRESS **430 NORTH MILLS AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **MGR** ☐ Delete
NAME **HIRSCH, JOSEPH R**
STREET ADDRESS **430 NORTH MILLS AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **Pribell, Kevin J.**
STREET ADDRESS **430 North Mills Avenue, Suite 1**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/3/07 (407) 649-9677