


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90216 011 ****50.00

DOCUMENT # L05000049266	
1. Entity Name 2559 NURSERY ROAD PROPERTIES, L.L.C.	

Principal Place of Business 2559 NURSERY RD A CLEARWATER, FL 33764	Mailing Address 2963 GULF TO BAY BLVD., #120 CLEARWATER, FL 33759
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60003700



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2559 Nursery Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste A	
City & State		City & State Clearwater FL	
Zip	Country	Zip	Country
33764		33764	USA

02282007 Chg-LLC CR2E083 (12/06)

4. FEI Number 51-0543398	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BURNS, DOUGLAS 2963 GULF TO BAY BLVD., #120 CLEARWATER, FL 33759		7. Name and Address of New Registered Agent Name Douglas Burns Street Address (P.O. Box Number is Not Acceptable) 2559 Nursery Rd Ste A City Clearwater FL Zip Code 33764	
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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

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 May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURNS, DOUG P O BOX 4087 CLEARWATER, FL 33758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

2/28/07 (727) 225-2553