

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000052458

**FILED**  
**Feb 28, 2007**  
**Secretary of State**

**Entity Name:** A ONE STOP PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

4116 GUNN HWY  
TAMPA, FL 33618

**New Principal Place of Business:**

5008 W LINEBAUGH AVE  
SUITE 15  
TAMPA, FL 33624

**Current Mailing Address:**

P.O. BOX 8393  
TAMPA, FL 33674

**New Mailing Address:**

**FEI Number:** 20-3598001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AGENTS AND CORPORATIONS, INC.  
SUITE E, 773 4TH AVENUE NORTH  
NAPLES, FL 34102 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: FLYNN, CATHERINE A  
Address: 4116 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FLYNN, CATHERINE A  
Address: 5008 W LINEBAUGH AVE STE 15  
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHERINE A FLYNN

MGR

02/28/2007

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