2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L05000055090

1. Entity Name
MILITELLO, CONCHA, JOHNSON PROPERTY MANAGEMENT, LLC

Principal Place of Business	Mailing Address
1975 OLD MOULTRIE ROAD ST. AUGUSTINE, FL 32086	1975 OLD MOULTRIE ROAD ST. AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE

02142007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2889599
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HALL, CHARLES E
77 ALMERIA STREET
ST. AUGUSTINE, FL 32084

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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)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MILITELLO, JAMES
STREET ADDRESS	260 REDFISH CREEK DR.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	MGRM
NAME	JOHNSON, RICHARD TRUSTEE
STREET ADDRESS	5184 OSCEOLA AVENUE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	MGRM
NAME	CONCHA, JOSE
STREET ADDRESS	5440 SUNSET LANDING CR
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #