2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# L05000060949

Entity Name: SHENANDOAH PROPERTIES, LLC

Current Principal Place of Business:

10544 SW 146TH TERRACE RD.
OCKLAWAHA, FL 32179

New Principal Place of Business:

10544 SE 146TH TERRACE RD.
OCKLAWAHA, FL 32179

Current Mailing Address:

10544 SW 146TH TERRACE RD.
OCKLAWAHA, FL 32179

New Mailing Address:

10544 SE 146TH TERRACE RD.
OCKLAWAHA, FL 32179

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RITTER, ROBERT E
10544 SE 146 TERRACE RD
OCKLAWAHA, FL 32179 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: RITTER, ROBERT E
Address: 10544 SW 146TH TERRACE ROAD
City-St-Zip: OCKLAWAHA, FL 32179

Title: MGR ( ) Delete
Name: RITTER, LYNDA J
Address: 10544 SW 146TH TERRACE ROAD
City-St-Zip: OCKLAWAHA, FL 32179

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RITTER, ROBERT E
Address: 10544 SE 146TH TERRACE ROAD
City-St-Zip: OCKLAWAHA, FL 32179

Title: MGR (X) Change ( ) Addition
Name: RITTER, LYNDA J
Address: 10544 SE 146TH TERRACE ROAD
City-St-Zip: OCKLAWAHA, FL 32179

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: ROBERT E. RITTER MR 04/09/2007

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