2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000068203

1. Entity Name
FLORIDA PROPERTIES, LLC



FILED
May 11, 2007 08:00 AM
Secretary of State

Principal Place of Business

4480 BAY POINT ROAD MIAMI, FL 33137

Mailing Address

4480 BAY POINT ROAD MIAMI, FL 33137



04192007 No Chg-LLC

CR2E083 (11/05)

Fee Required

4. FEI Number
20-3217755 Applied For
Not Applicable

5. Certificate of Status Desired
\$5.00 Additional

6. Name and Address of Current Registered Agent

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

NEAL S. LITMAN, P.A. GROVE PLAZA - SECOND FLOOR 2900 S.W. 28TH TERRACE COCONUT GROVE, FL 33133

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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.	
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_	NO. LATINE	

(NOTE Registered Agent aignature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	GONGEE, FAROUK
STREET ADDRESS	4480 BAY POINT ROAD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby d	certify that the information supplied with this filing does not qualify for the ex

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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:

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

5/1/2007

305.535.416

Daytime Phone #