


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000070187</b> 1. Entity Name VOLUSIA PROPERTY MANAGEMENT, LLC	
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Principal Place of Business  
142 EAST NEW YORK AVENUE  
DELAND, FL 32724

Mailing Address  
142 EAST NEW YORK AVENUE  
DELAND, FL 32724



02192007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3187119	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

PAUL, HARLAN L  
142 EAST NEW YORK AVENUE  
DELAND, FL 32724

**DO NOT WRITE  
IN THIS SPACE**

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**

U000000719396  
05/01/07-80062-010 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HARLAN L. PAUL AND MARYANN PAUL AS TENANTS
STREET ADDRESS	675 OAK TREE TERRACE
CITY-ST-ZIP	DELAND, FL 32724

TITLE	
NAME	
STREET ADDRESS	
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IN THIS SPACE**

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

Date

Daytime Phone #

*Harlan L. Paul* 4-17-07 <886>734-3020