

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000073589

1. Entity Name
FULLER PROPERTIES, LLC



Principal Place of Business
**16 NW 20TH TERR
GAINESVILLE, FL 32603 US**

Mailing Address
**16 NW 20TH TERR
GAINESVILLE, FL 32603 US**

DO NOT WRITE IN THIS SPACE



03162007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
74-3186894

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FULLER, DAVID D JR.
2912 CYPRESS RIDGE TRAIL
DAYTONA BEACH, FL 32128**

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FULLER, DAVID D JR. 2912 CYPRESS RIDGE TRAIL DAYTONA BEACH, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FULLER, JOHN R 1102 SW 80TH TERR GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FULLER, PATRICIA S 16 NW 20TH TERR. GAINESVILLE, FL 32603
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04/09/07-8C017-013 50.00

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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. *Patricia S Fuller*