


.2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 17, 2007 8:00 am
Secretary of State

02-15-2007 90276 022 ****50.00

DOCUMENT # L05000075192

1. Entity Name
COUNTY LINE ROAD PROPERTY LLC



Principal Place of Business Mailing Address
3036 WEST BEARSS AVENUE **3036 WEST BEARSS AVENUE**
TAMPA FL 33618 **TAMPA FL 33618**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
20-3217910 Not Applicable

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

00011703



1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FECHTEL, VINCENT J III 15917 FARRINGHAM DRIVE TAMPA FL 33647	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code


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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2/10/07** **813 264-7729**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Signature Phone #