


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000079094 1. Entity Name BITAR PROPERTIES, LLC |  |
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| Principal Place of Business 9848 SLOANE STREET ORLANDO, FL 32827 | Mailing Address 9848 SLOANE STREET ORLANDO, FL 32827 |
|--|--|



01052008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 20-3286719 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BITAR, REMBERTO J DR.
9848 SLOANE STREET
ORLANDO, FL 32827

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

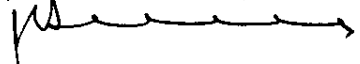
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BITAR, REMBERTO J DR. 9848 SLOANE STREET ORLANDO, FL 32827 |
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U000000933439
05/22/08-80096-003 5.00
U000000933439
05/22/08-80096-004 138.75

**DO NOT WRITE
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:  **4/10/08 321-4436135**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #