

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 A
Secretary of State

| | | | | | |
|---|---|---------------------------|---|--|-----------------|
| DOCUMENT # L05000081277 | | | | | |
| 1. Entity Name CULPEPPER INVESTMENT PROPERTIES, LLC | | | | | |
| Principal Place of Business 1296 WELLS AVENUE CHIPLEY FL 32428 | | | Mailing Address 1296 WELLS AVENUE CHIPLEY FL 32428 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-3304814 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CULPEPPER, MADALENE C 1296 WELLS AVENUE CHIPLEY FL 32428 | | | 7. Name and Address of New Registered Agent 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 reinstalling) | | | | | |
| 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 | MGRM CULPEPPER, MADALENE C 1296 WELLS AVE CHIPLEY FL 32428 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY ST ZIP | 000000000557 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/26/07-80015-004 50.00 | |
| 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 | |
| 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: Madalene C. Culpepper | | | 1-20-07 | | (850)638-0892 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date | | Daytime Phone # |