2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # L050000 OPERTY SOLUTIONS,					4-19-2007 90	•		
Principal Plac 9725 CYPRE TAMPA, FL 3	SS POND AVE	_	9725 CYPRESS POND AVE		40070274				
•	lace of Business - No P.O. Box # ICAY MARIF AL #, etc.		YRIE AL		2 007	Chg-LLC	CR2E08	3 (12/06)	
City & State ZEPHy	RHILLS FLORIC	Zip	s Flore	94 8	Number 1-06790	09 Status Desired	_ \$	<u> </u>	oplied For ot Applicable ditional
3354		33541	,	. 			_ F	ee Require	<u>d</u>
	6. Name and Address of Cu	rrent Registered Agent	Name	7. Na	me and Ad	dress of New R	egistered Aç	jent	
	ER, EDDIE D RESS POND AVENUE L 33647				Number is	Not Acceptable	70.		
8. The above	named entity submits this statem	nent for the purpose of changing its	City_registered office of	FPH4RH registered age	nt, or both, i	n the State of Flo	FL orida. 1 am fa	Zip Code 335	e /// and accept
	tions of registered agent. Signature, typed or printed name of registerer	esnamer Fooi		NAME	2		7/07 DATE		· · · · · · · · · · · · · · · · · · ·
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	iling Fee is \$50.00 ue by May 1, 2007						e check pay Departme	•	Þ
	ue by May 1, 2007	EMBERS/MANAGERS	10.				Departme	•	B
9. TITLE NAME STREET ADDRESS	MANAGING M MGRM OUSNAMER, JANET 9725 CYPRESS POND AVE	☐ Delete	TITLE NAME STREET ADDRESS	7748 1	OUS!	ADDITIONS/ NAMEK 14216	CHANGES	•	Addition
9. TITLE NAME	MANAGING M MGRM OUSNAMER, JANET	□ Delete □ Oelete	TITLE NAME	JANET 1744 I ZEPHYA M GRM EDDIE 1744 I	OUS Ay M HILLS DOUS AY M	ADDITIONS/ NAMER 1ARIE FL 3 1ARIE ARIE	CHANGES AU 354/	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING M MGRM OUSNAMER, JANET 9725 CYPRESS POND AVE TAMPA, FL 33647 MGRM OUSNAMER, ED	□ Delete □ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JANET 1744 I ZEPHYA M GRM EDDIE 1744 I	OUS Ay M HILLS DOUS AY M	ADDITIONS/ NAMER 1ABLE 1 FL 3	CHANGES AU 354/ R 7 7 7 7 7 7 7 7 7 7 7 7	nt of State	Addition
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SIGNATURE: Edecie Deussemer EDDIF D. OUSNAMER.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE