


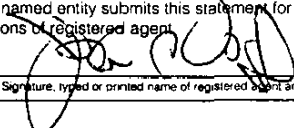
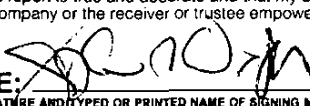
# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90040 042 \*\*\*\*50.00

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DOCUMENT # L05000085972			
1. Entity Name VOGT PROPERTIES LLC			
Principal Place of Business 442 W. KENNEDY BLVD. SUITE 350 TAMPA, FL 33606 US		Mailing Address 442 W. KENNEDY BLVD. SUITE 350 TAMPA, FL 33606 US	
2. Principal Place of Business - No P.O. Box # 3710 W. Idlewild Ave. Suite, Apt. #, etc. Suite 108 City & State Tampa, FL Zip 33614 Country USA		3. Mailing Address 3710 W. Idlewild Ave. Suite, Apt. #, etc. Suite 108 City & State Tampa, FL Zip 33614 Country USA	
		04102007 Chg-LLC CR2E083 (12/06)	
		4. FEI Number 20-3824219	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent VOGT, JOHN C 442 W. KENNEDY BLVD. SUITE 350 TAMPA, FL 33606		7. Name and Address of New Registered Agent Name John C. Vogt Street Address (P.O. Box Number is Not Acceptable) 3710 W. Idlewild Ave., Suite 108 City Tampa FL Zip Code 33614	
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  John C. Vogt April 9, 2007 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		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOGT, JOHN C. 442 W. KENNEDY BLVD., #350 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John C. Vogt 3710 W. Idlewild Ave., Ste.108 Tampa, FL 33614 <input checked="" 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 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: 		John C. Vogt 4/9/07 (813) 254-0322	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	