2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2007 90030 013 ****50.00

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1. Entity Name
GARLAND PROPERTIES, LLC

Principal Place of Business	Mailing Address
1948 NE 123RD STREET 101 NORTH MIAMI, FL 33181	P.O. BOX 547005 SURFSIDE, FL 33154

04112007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9080 GARLAND AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SURFSIDE, FL	City & State
Zip: 33154 Country: USA	Zip Country

4. FEI Number: 75-3213918 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAONESSA, LOURDES 1948 NE 123RD STREET 101 NORTH MIAMI, FL 33181	Name: Lourdes PAONESSA Street Address (P.O. Box Number is Not Acceptable): 8859 GARLAND AVENUE City: SURFSIDE FL Zip Code: 33154

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] 04/11/07
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 PAONESSA, LOURDES 1948 NE 123RD STREET, SUITE 101 NORTH MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAONESSA, LOURDES 8859 GARLAND AVENUE SURFSIDE, FL 33154	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 04/11/07 305) 981 8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #