

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90081 026 ***158.75

DOCUMENT # L05000090529

1. Entity Name

A TO Z PROPERTIES, LLC



Principal Place of Business

15511 SHADY HILLS RD
SPRING HILL FL 34610
US

Mailing Address

15511 SHADY HILLS RD
SPRING HILL FL 34610
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3750533

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

ARTHUR ANDERSON
8396 DORA STREET
SPRING HILL FL 34608

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

Signature, typed or printed name of registered agent and filer if applicable.

(NOTE: Registered Agent signature required when resigning)

DA11

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

<p>NAME: MGRM ANDERSON, ARTHUR J STREET ADDRESS: 8396 DORA ST CITY-STATE-ZIP: SPRING HILL FL 34608</p> <p><input type="checkbox"/> Delete</p>	<p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>NAME: MGRM ANDERSON, CAROL M STREET ADDRESS: 8396 DORA ST CITY-STATE-ZIP: SPRING HILL FL 34608</p> <p><input type="checkbox"/> Delete</p>	<p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>NAME: MGRM ZEMKE, STEVEN C STREET ADDRESS: 15511 SHADY HILLS RD CITY-STATE-ZIP: SPRING HILL FL 34610</p> <p><input type="checkbox"/> Delete</p>	<p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>NAME: MGRM ZEMKE, PATRICIA A STREET ADDRESS: 15511 SHADY HILLS ROAD CITY-STATE-ZIP: SPRING HILL FL 34610</p> <p><input type="checkbox"/> Delete</p>	<p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-STATE-ZIP: <input type="checkbox"/> Delete</p>	<p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-STATE-ZIP: <input type="checkbox"/> Delete</p>	<p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-19-07

727 856 6600