

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

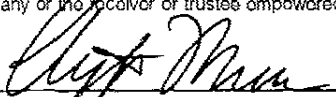
FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # L05000093065					
1. Entity Name MUSCRAD PROPERTIES, LLC					
Principal Place of Business 3115 81ST COURT E. SUITE 204 BRADENTON FL 34211 US			Mailing Address 3115 81ST COURT E. SUITE 204 BRADENTON FL 34211 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 20-3506794	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent RADEMAKER, GARY 3115 81ST COURT E. SUITE 204 BRADENTON FL 34211				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 reinstating) DATE _____					
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	MGR			TITLE	
NAME	RADEMAKER, GARY	☐ Delete		NAME	
STREET ADDRESS	3115 81ST CT E STE 204			STREET ADDRESS	
CITY ST ZIP	BRADENTON FL 34211			CITY ST ZIP	
TITLE	MGR	☐ Delete		TITLE	
NAME	MUSCARA, CHRISTOPHER			NAME	
STREET ADDRESS	3115 81ST COURT E. SUITE 204			STREET ADDRESS	
CITY ST ZIP	BRADENTON FL 34211			CITY ST ZIP	
TITLE		☐ Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY ST ZIP				CITY ST ZIP	
TITLE		☐ Delete		TITLE	
NAME				NAME	
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TITLE		☐ Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY ST ZIP				CITY ST ZIP	



1st MOORE CR2E083 (10/06)

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:  **1-22-07** **941-748-8844**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #