

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90126 050 ***138.75

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
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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

1st MOORE CR2E083 (10/07)

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	
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7. Name and Address of New Registered Agent	
Name Muscara Christopher	
Street Address (P.O. Box Number is Not Acceptable) 20507 6th Ave E	
City Bradenton	FL Zip Code 34211

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 <i>Christopher Muscara</i> CHRISTOPHER MUSCARA	DATE 3-17-2008

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RADEMAKER, GARY 3115 81ST CT E STE 204 BRADENTON FL 34211 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUSCARA, CHRISTOPHER 3115 81ST COURT E. SUITE 204 BRADENTON FL 34211 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: <i>Christopher Muscara</i> CHRISTOPHER MUSCARA PRESIDENT 3-17-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE