
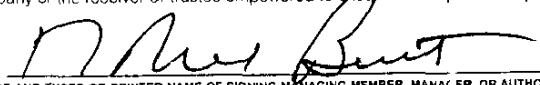


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90248 028 ****50.00

DOCUMENT # L05000097711 1. Entity Name ARELLANO & BRITT PROPERTIES, LLC					
Principal Place of Business 419 EAST OAKLAND AVENUE OAKLAND, FL 34760			Mailing Address POST OFFICE BOX 770098 WINTER GARDEN, FL 34777		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 651			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Oakland FL		4. FEI Number 20-3607724	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
34760		USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ASMA, WILLIAM N 884 S. DILLARD STREET WINTER GARDEN, FL 34787			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 _____					
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	MGR R. NEIL BRITT POST OFFICE BOX 770098 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARELLANO, JOHN POST OFFICE BOX 770098 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARELLANO, JOHN POST OFFICE BOX 770098 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARELLANO, JOHN POST OFFICE BOX 770098 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete			
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: 				4-2-06 407-656-2113	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	