

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2009

DOCUMENT # L05000103532

1. Entity Name

AURORA PARTNERS PROPERTIES, LLC



Principal Place of Business

1885 AURORA ROAD
MELBOURNE FL 32935
US

Mailing Address

1885 AURORA ROAD
MELBOURNE FL 32935
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

6. Name and Address of Current Registered Agent

BOSCO, ALBERT J
1885 AURORA ROAD
MELBOURNE FL 32935

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

File online, typed or printed name of registered agent and fee is required.

(MORE) Registered Agent's license required when submitting.

Date

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 MGRM ☐ Delete
NAME BOSCO, ALBERT J
STREET ADDRESS 1885 AURORA ROAD
CITY- ST- ZIP MELBOURNE FL 32935

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 recorder or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:

[Signature]

3/19/09 (321)259-0549

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

Date

Daytime Phone

FILED

2009 APR -1 PM 3:48



1st MOORE CR2E083 (10/07)

4. FEI Number NO-T APPLICABLE

Applied For

Not Applicable

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