2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Alendo Control Cont

FILED Feb 21, 2007 8:00 am Secretary of State

DOCUMENT # L05000105580							02-21-2007 90101 002 ****50.00				
B.J. COULTER PROPERTIES LLC											
		NO Ch									
Principal Plac 2311 TRIMB TALLAHASSE			Mafing Address 2311 TRIMBLE RD TALLAHASSEE, FL 32303								
2. Principal P	Place of Business	s - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02192007	Chg-LLC		83 (12/06)		
City & State			City & State			4. FEI Numb	Der 417196	′ /		plied For	
Zip	Country		Zip	Country		,	e of Status Desired		\$5.00 Add Fee Required	itional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
COULTER, BELINDA J 2311 TRIMBLE RD					Name Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32303											
			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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	iling Fee Is : ue by May 1						Make check payable to Fiorida Department of State .				
9.	1 .	MANAGING MEMBE	RS/MANAGERS 10.				ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COULTER, E 2311 TRIMB TALLAHASS								☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TIILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
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.											