


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90370 022 ****50.00

DOCUMENT # L05000106430 1. Entity Name MY PROPERTIES, LLC	
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Principal Place of Business 1000 WEST 11TH AVE MOUNT DORA, FL 32757 US	Mailing Address PO BOX 1549 MOUNT DORA, FL 32756 US
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DO NOT WRITE IN THIS SPACE

60038779



03232007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3722442	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GAYLORD, FRANK T 804 N. BAY STREET EUSTIS, FL 32727
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**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YANCEY, PAUL R 434 BRIARCLIFF AVENUE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARSHALL, WILLIAM T JR. 1000 WEST 11TH AVE MOUNT DORA, FL 32757
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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: WT Marshall 4/10/7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

WILLIAM MARSHALL