2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# L05000107673

Entity Name: PROPERTYFETCH.COM, LLC

Current Principal Place of Business:

118 EAST TARPON AVENUE
SUITE 207
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 292751
TAMPA, FL 33687

New Mailing Address:

FEI Number: 01-0849523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASTROVASILIS, PANTELIS
803 CAVEMILL WAY
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MOCKLER, TIMOTHY P	
Address:	12612 NORTH 53RD STREET	
City-St-Zip:	TEMPLE TERRACE, FL 33617	
Title:	MGRM	( ) Delete
Name:	FORCELLA, ALBERTO S JR.	
Address:	504 SOUTH FLORIDA AVENUE #212	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	MGRM	( ) Delete
Name:	MASTROVASILIS, PANTELIS	
Address:	803 CAVEMILL WAY	
City-St-Zip:	TARPON SPRINGS, FL 34689	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY P. MOCKLER MGRM 01/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date