2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008
Secretary of State

DOCUMENT# L05000108109

Entity Name: SS PROPERTIES LLC

Current Principal Place of Business:

8075 GATE PARKWAY WEST
SUITE # 301
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

8075 GATE PARKWAY WEST
SUITE # 301
JACKSONVILLE, FL 32216 US

New Mailing Address:

P. O. BOX 16486
JACKSONVILLE, FL 32245 US

FEI Number: 03-0573487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SANGAM, GOVINDA R
8075 GATE PARKWAY WEST
SUITE # 301
JACKSONVILLE, FL 32216 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: SANGAM, GOVINDA R
Address: 8075 GATE PARKWAY WEST, SUITE # 301
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGRM ( ) Delete
Name: SANGAM, SOUJANYA DR.
Address: 8075 GATE PARKWAY WEST, SUITE # 301
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES:

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 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: GOVINDA SANGAM MGRM 05/13/2008

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