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Secretary of State

03-19-2007 90461 044 ***150.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000108367

1. Entity Name

MUNZ BROTHERS PROPERTIES, LLC

30005637

Principal Place of Business	Mailing Address
1201 CLEVELAND AVENUE WILDWOOD FL 34785	1201 CLEVELAND AVENUE WILDWOOD FL 34785

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
847 So. Main St.	847 So. Main St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wildwood, FL	City & State: Wildwood, FL
Zip: 34785 Country: Sumter	Zip: 34785 Country: Sumter

4. FEI Number: 54-2186171 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MUNZ, STEVE
~~1201 CLEVELAND AVENUE~~ 847 So. Main St.
WILDWOOD FL 34785

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 ______________________________ DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR MUNZ, STEVE ~~1201 CLEVELAND AVENUE~~ WILDWOOD FL 34785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Managing Member Munz, Steve 847 So. Main St. Wildwood, FL 34785	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Brian Munz	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 3/9/07 352-748-4868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #