


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000109281
 1. Entity Name
FLAP PROPERTIES, LLC



Principal Place of Business
**8989 ADAMS WALK DRIVE
 JACKSONVILLE, FL 32257**

Mailing Address
**8989 ADAMS WALK DRIVE
 JACKSONVILLE, FL 32257**

DO NOT WRITE IN THIS SPACE



04272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0574015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BIKKUMANLA, SRIIVAS
 8989 ADAMS WALK DRIVE
 JACKSONVILLE, FL 32257**

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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 GOPU, GEORGE R 1305 IVY HEDGE AVENUE ST. AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIKKUMANLA, SRINIVAS 8989 ADAMS WALK DRIVE JACKSONVILLE, FL 32257
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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: *George Reddy Gopu* **George Reddy Gopu**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: **4/30/07** Daytime Phone #: **704-386-8122**