


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000111303 1. Entity Name PROPERTY SUPPORT SYSTEMS, LLC	
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Principal Place of Business 8669 BAYPINE RD STE 100 JACKSONVILLE, FL 32256	Mailing Address 8669 BAYPINE RD STE 100 JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE



02202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3849383	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 SLEIMAN, PETER D 8669 BAYPINE RD STE 100 JACKSONVILLE, FL 32256
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, PETER D 8669 BAYPINE RD STE 100 JACKSONVILLE, FL 32256
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04/18/08-80061-022 138.75

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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:  PETER D. SLEIMAN	4/4/08	904-367-5959
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>