



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

04-19-2007 90034 045 ****50.00

DOCUMENT # L05000111534 1. Entity Name ARCHER PROPERTY MANAGEMENT, LLC					
Principal Place of Business 8401 SOUTHWEST 19TH STREET NORTH LAUDERDALE, FL 33068 US			Mailing Address 8401 SOUTHWEST 19TH STREET NORTH LAUDERDALE, FL 33068 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: right; font-size: 1.2em; font-weight: bold;">30006934</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 04152007 Chg-LLC CR2E083 (12/08) </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>4. FEI Number 20-3803556</div> <div>Applied For <input type="checkbox"/> Not Applicable</div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</div> </div>	
6. Name and Address of Current Registered Agent WRIGHT, ROSANNE 8401 SOUTHWEST 19TH STREET NORTH LAUDERDALE, FL 33068				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WRIGHT, ROSANNE 8401 SOUTHWEST 19TH STREET NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR: MGR Rosillo, Rebecca 8401 SW 19 ST North Lauderdale, FL 33068 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Rosanne Wright</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/16/07 <small>Date</small>		786-412-8741 <small>DeVine Phone #</small>