2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# L05000114334

Entity Name: 1332 SW 27TH TERRACE, LLC

Current Principal Place of Business:

2820 SW 35TH STREET
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

2820 SW 35TH STREET
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 20-3796803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIMBERMAN, BRIAN
2820 SW 35TH STREET
CAPE CORAL, FLORIDA, FL 33914 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:	MGMR	( ) Delete
Name:	TIMBERMAN, BRIAN	
Address:	2820 SW 35TH STREET	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	MGR	( ) Delete
Name:	EQUITY TRUST CO FOB, DONALD ULZHEIM E R IRA	
Address:	2820 SW 35TH STREET	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	MGR	( ) Delete
Name:	EQUITY TRUST CO FOB, JUDITH ULZHEIM E R IRA	
Address:	2820 SW 35TH STREET	
City-St-Zip:	CAPE CORAL, FL 33914	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: BRIAN TIMBERMAN MGMR 04/29/2007

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