

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000114685

FILED
Oct 10, 2008
Secretary of State**Entity Name:** BROKEN PROPERTIES, LLC**Current Principal Place of Business:**114 N. YONGE ST.
ORMOND BEACH, FL 32174 US**New Principal Place of Business:**51 RIVERSHORE DRIVE
ORMOND BEACH, FL 32176 US**Current Mailing Address:**114 N. YONGE ST.
ORMOND BEACH, FL 32174 US**New Mailing Address:**51 RIVERSHORE DRIVE
ORMOND BEACH, FL 32176 US**FEI Number:** 59-3066570**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TAYLOR, JOSEPH
114 N. YONGE ST.
ORMOND BEACH, FL 32174 US**Name and Address of New Registered Agent:**TAYLOR, JOSEPH M
51 RIVERSHORE DRIVE
ORMOND BEACH, FL 32176 US

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: JOSEPH M TAYLOR

10/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: TAYLOR, JOSEPH
Address: 114 N. YONGE ST
City-St-Zip: ORMND BEACH, FL 32174 USTitle: MGR (X) Delete
Name: TAYLOR, MARGO
Address: 114 N. YONGE ST.
City-St-Zip: ORMOND BEACH, FL 32174 US**ADDITIONS/CHANGES:**Title: PRES (X) Change () Addition
Name: TAYLOR, JOSEPH M
Address: 114 N. YONGE ST
City-St-Zip: ORMND BEACH, FL 32174 USTitle: () 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: JOSEPH M TAYLOR

PRES

10/10/2008

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