

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004423

Entity Name: LARSON PROPERTIES LLC

FILED
Mar 12, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 2733
GAINESVILLE, FL 32602

New Principal Place of Business:

201 SE 2ND AVENUE
107/108
GAINESVILLE, FL 32602

Current Mailing Address:

PO BOX 2733
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 20-4099084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCKEY, JOHN
4045 NW 43RD ST
STE A
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

LARSON, TIM
1700 SW 16TH COURT
A22
GAINESVILLE, FL 32608 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: TIM LARSON

03/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LARSON, BRET
Address: PO BOX 2733
City-St-Zip: GAINESVILLE, FL 32602

Title: MGR () Delete
Name: LARSON, TIM
Address: PO BOX 2733
City-St-Zip: GAINESVILLE, FL 32602

ADDITIONS/CHANGES:

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 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: TIM LARSON

MGR

03/12/2007

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