## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

## **DOCUMENT # L06000008651**



**FILED** 

Apr 09, 2007 8:00 am Secretary of State

03-12-2007 90482 026 \*\*\*\*50 00

LINDA & CHIU-JU PROPERTIES, LLC 30004306 Principal Place of Business Mailing Address 1515 W MARIAH WAY 1515 W MARIAH WAY FORT WALTON BEACH, FL 32547 FORT WALTON BEACH, FL 32547 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062007 CR2E083 (12/06) City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLTON, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 227 SEVILLE CIRCLE MAR ESTHER, FL 32569 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. Lam 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 Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ■ Addition PRITCHETT, CHIU-JU NAME NAME 1515 W MARIAH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH, FL 32547 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE Change ☐ Addition LAWRENCE, LINDA NAME NAME 212 BUCK CIRCLE STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CLANTON, AL 35045 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

11. I hereby certify that the information supplied with this filling 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.