

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014432

Entity Name: TERRITORY PROPERTIES LLC

FILED
Jul 05, 2007
Secretary of State

Current Principal Place of Business:

2353 ALLIGATOR CREEK RD
CLEARWATER, FL 33765

New Principal Place of Business:

1860 N. FT. HARRISON AVENUE
SUITE 301
CLEARWATER, FL 33755

Current Mailing Address:

2353 ALLIGATOR CREEK RD
CLEARWATER, FL 33765

New Mailing Address:

1860 N. FT. HARRISON AVENUE
SUITE 301
CLEARWATER, FL 33755

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMERON, CARRIE
2353 ALLIGATOR CREEK RD
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

CAMERON, CARRIE
1860 N. FT. HARRISON AVENUE
SUITE 301
CLEARWATER, FL 33755 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: CARRIE CAMERON

07/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAMERON, CARRIE
Address: 2353 ALLIGATOR CREEK RD
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAMERON, CARRIE
Address: 1860 N. FT. HARRISON AVENUE, SUITE 301
City-St-Zip: CLEARWATER, FL 33755

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: CARRIE CAMERON

MGR

07/05/2007

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