

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 04, 2007 8:00 am
Secretary of State

05-09-2007 90028 040 ****50.00

DOCUMENT # L06000017808 1. Entity Name AMERICAN PROBATE PROPERTIES, LTD. CO.					
Principal Place of Business 24047 TURTLE ROCK CT. LUTZ FL 33559			Mailing Address 24047 TURTLE ROCK CT. LUTZ FL 33559		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 43-20998 91	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GENIER, GERTIE 24047 TURTLE ROCK CT. LUTZ FL 33559				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENIER, GERTIE 24047 TURTLE ROCK CT. LUTZ FL 33559		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINTEROL, STEVEN 24047 TURTLE ROCK CT. LUTZ FL 33559		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE: <u>Gertie Genier</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			04/26/07 813-598-4873 Date Daytime Phone #		