2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000019642

1. Entity Name

SFF PROPERTIES. LLC

Principal Place of Business

Mailing Address

6411 PERSHING STREET NE ST PETERSBURG, FL 33702 US 6411 PERSHING STREET NE St Petersburg, Fl. 33702

US

FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90028 019 ***138.75



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01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4360831 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HEFTER, ANNE B Anna BITEFE
BA11 PERSHING STREET NE

6411 PERSHING STREET NE ST PETERSBURG, FL 33702

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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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent algosture required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
ΠΤLE	MGRM
NAME	ROUNDTREE, MIKE
STREET ADDRESS	6411 PERSHING STREET NE
CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE	P
NAME	ROUNTREE, MIKE
STREET ADDRESS	6175 WOODROW WILSON BLVD NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	MGRM
NAME	ROUNTREE, NORA
STREET ADDRESS	6175 WOODROW WILSON BLVD NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	MGRM
NAME	WENCE, KEVIN
STREET ADDRESS	1938 76 PL N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	MGRM
NAME	WENCE, CATHERINE
STREET ADDRESS	1938 73 PL N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	MGRM
NAME	HEFTE, AARON
STREET ADDRESS	6411 PERSHING ST NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
11. I hereby certify that the information supplied with this filling does not qualify for the ex	

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11. I hereby certify that the information supplied with this filing 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

PED HAME OF BIGHING MANAGING NO

ER, OR ALITHORIZED REPRESENTATIVE

1-8-0

727-522-1320

Daytime Phone #