

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000020376**

1. Entity Name  
**ALLEN PROPERTIES, LLC**



Principal Place of Business  
**206 SW PARISH TER  
PORT ST. LUCIE, FL 34984**

Mailing Address  
**206 SW PARISH TER  
PORT ST. LUCIE, FL 34984**



01102008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-4369372</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ALLEN, MICHAEL A  
206 SW PARISH TER  
PORT ST. LUCIE, FL 34984**

**DO NOT WRITE  
IN THIS SPACE**

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 signature required when reinstating)

DATE \_\_\_\_\_

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

U00000781904  
01/15/08-80052-021 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>PRES</b>
NAME	<b>ALLEN, MICHAEL A</b>
STREET ADDRESS	<b>206 SW PARISH TER</b>
CITY - ST - ZIP	<b>PORT ST. LUCIE, FL 34984</b>

TITLE	
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CITY - ST - ZIP	

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IN THIS SPACE**

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Michael Allen* *Michael A Allen* 110108 772-336-8631