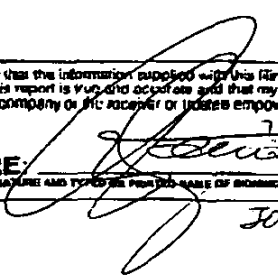


Apr 23 08 10:52a Luis Rubio
04/23/2008 WKD 10:50 FAX

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90024 003 ***143.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000020537			
1. Entity Name A.G. PROPERTIES LLC			
Principal Place of Business 2741 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744		Mailing Address 2741 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744	
2. Principal Place of Business No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GOUVEA, JOAQUIM C 5725 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32839		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 _____ DATE _____ Signature, printed name of registered agent and date of approval. (NOTE: Registered Agent persons required when renewing)			
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR LEONARDO, ALEXANDRE G 5415 LOS PALMA VISTA DRIVE ORLANDO, FL 32837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR GOUVEA, JOAQUIM C 13005 ENTRADA DRIVE ORLANDO, FL 32857 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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. I am a managing member or manager of the limited liability company or its receiver or liquidator empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE 		042208	
Signature and printed name of owner, managing member, manager, or authorized representative JOAQUIM C. DE GOUVEA VICE PRES.			