

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020537

Entity Name: A.G. PROPERTIES LLC

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

2741 NORTH ORANGE BLOSUM TRAIL
KISSIMMEE, FL 34744

New Principal Place of Business:

2741 NORTH ORANGE BLOSUM TRAIL
KISSIMMEE, FL 34744 US

Current Mailing Address:

2741 NORTH ORANGE BLOSUM TRAIL
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUB KING, CORP
2741 NORTH ORANGE BLOSUM TRAIL
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

DA SILVA, JOSE E
2741 NORTH ORANGE BLOSUM TRAIL
KISSIMMEE, FL 34744 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: JOSE EDGARD DA SILVA

02/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRAGA, DOUVER
Address: 4977 HOOK HOLLOW CIR
City-St-Zip: ORLANDO, FL 32837 US

Title: MGR (X) Delete
Name: SAUD, SAMIRA
Address: 4567 CHALFONT DRIVE
City-St-Zip: ORLANDO, FL 32837 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DA SILVA, JOSE E
Address: 4567 CHALFONT DRIVE
City-St-Zip: ORLANDO, FL 32837 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSE EDGARD DA SILVA

MGR

02/09/2009

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