
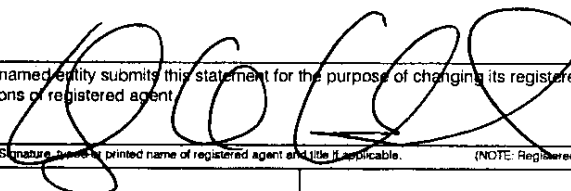
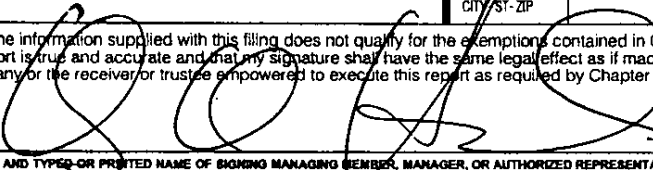


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000028345 1. Entity Name HOWARD PROPERTIES, LLC					
Principal Place of Business 661 HENRY JONES ROAD TALLAHASSEE, FL 32310			Mailing Address 4834 AVERY CIRCLE TALLAHASSEE, FL 32311		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 04222007 Chg-LLC CR2E083 (12/06)	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWARD, WAYNE U 661 HENRY JONES TALLAHASSEE, FL 32310			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 reinstating) DATE:					
Filing Fee is \$50.00 Due by May 1, 2007		BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: OWNER NAME: WAYNE U. HOWARD STREET ADDRESS: 661 HENRY JONES RD CITY-ST-ZIP: TALLA FL 32305			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 700101703257 STREET ADDRESS: 05/07/07--01018--023 CITY-ST-ZIP: **50.00		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					

FILED

07 APR 30 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

