

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90205 039 \*\*\*\*50.00

<b>DOCUMENT # L06000031090</b> 1. Entity Name <b>CONSOLIDATED PROPERTIES OF FLORIDA, LLC</b>					
Principal Place of Business <b>505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business - No P.O. Box # <b>332 SOUTH COUNTY ROAD</b> <small>Suite, Apt. #, etc.</small>			3. Mailing Address <b>332 SOUTH COUNTY ROAD</b> <small>Suite, Apt. #, etc.</small>		
City & State <b>Palm Beach, FL</b>		City & State <b>Palm Beach, FL</b>		4. FEI Number <b>20-5997298</b>	
Zip <b>33480</b> Country <b>USA</b>		Zip <b>33480</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name <b>RODDY, ROBERT ANDREW</b> Street Address (P.O. Box Number is Not Acceptable) <b>332 SOUTH COUNTY ROAD</b> City <b>PALM BEACH</b> FL Zip Code <b>33480</b>	
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 <u>Robert A. Roddy</u> <b>Robert Andrew Roddy</b> DATE <u>02/19/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCMULLEN, SCOTT L 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M RODDY, ROBERT A 332 SOUTH COUNTY ROAD PALM BEACH, FL 33480
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Robert A. Roddy</u> <b>ROBERT ANDREW RODDY</b> DATE <u>02/19/07</u> (561)632-8378 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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