2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

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Entity Name: FUTURE PROPERTIES, LLC

Current Principal Place of Business:

18911 COLLINS AVENUE, SUITE 2804
SUNNY ISLES, FL 33160

New Principal Place of Business:

18911 COLLINS AVENUE,
SUITE 2804
SUNNY ISLES, FL 33160

Current Mailing Address:

18911 COLLINS AVENUE, SUITE 2804
SUNNY ISLES, FL 33160

New Mailing Address:

18911 COLLINS AVENUE,
SUITE 2804
SUNNY ISLES, FL 33160

FEI Number: 20-4599766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SACHENKO, SERGEY
18911 COLLINS AVENUE, SUITE 2804
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

SACHENKO, SERGEY
18911 COLLINS AVENUE,
SUITE 2804
SUNNY ISLES, FL 33160 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: SACHENKO SERGEY 01/08/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SACHENKO, SERGEY
Address: 18911 COLLINS AVENUE, SUITE 2804
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGRM ( ) Delete
Name: SACHENKO, GALINA
Address: 18911 COLLINS AVENUE, SUITE 2804
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SACHENKO SERGEY MGRM 01/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date