

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041135

FILED  
Jul 05, 2007  
Secretary of State

**Entity Name:** FLORIDA MODERN PROPERTIES, LLC

**Current Principal Place of Business:**

3229 HIGHWAY 17  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

**Current Mailing Address:**

3229 HIGHWAY 17  
GREEN COVE SPRINGS, FL 32043 US

**New Mailing Address:**

FEI Number: 20-4728994      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SOILEAU-HENNING, BROOKE  
3229 HIGHWAY 17  
GREEN COVE SPRINGS, FL 32043 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SOILEAU-HENNING, BROOKE  
Address: 3229 HIGHWAY 17  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: MGR ( ) Delete  
Name: HENNING, ROB  
Address: 3229 HIGHWAY 17  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

**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 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: BROOKE SOILEAU-HENNING

MGR

07/05/2007

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