

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

05F28-2008 90513 005 ***138.50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN 10 AM 10:20

DOCUMENT # L06000042002 1. Entity Name TRANSFORMATIONAL PROPERTIES, LLC	
---	---

Principal Place of Business 1226 WEST PORTILLO DRIVE DELTONA, FL 32725 US	Mailing Address 1226 WEST PORTILLO DRIVE DELTONA, FL 32725 US
---	---

60043730



DO NOT WRITE IN THIS SPACE

03212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS, SARAH T 1226 WEST PORTILLO DRIVE DELTONA, FL 32725

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, SARAH T 1226 WEST PORTILLO DRIVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, RANDY M 1226 WEST PORTILLO DRIVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Sarah J Thomas 4-24-08 (386) 747-6432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #