

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051579

FILED
Apr 30, 2007
Secretary of State

Entity Name: OUR FLORIDA PROPERTIES LLC

Current Principal Place of Business:

28404 LAS PALMAS CIR
BONITA SPRINGS, FL 34134

New Principal Place of Business:

28404 LAS PALMAS CIR
BONITA SPRINGS, FL 34135

Current Mailing Address:

28404 LAS PALMAS CIR
BONITA SPRINGS, FL 34134

New Mailing Address:

28404 LAS PALMAS CIR
BONITA SPRINGS, FL 34135

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLYNN-THAL, LYNDIA P
28404 LAS PALMAS CIR
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

FLYNN-THAL, LYNDIA P
28404 LAS PALMAS CIR
BONITA SPRINGS, FL 34135 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: SILVIO THAL

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FLYNN-THAL, LYNDIA P
Address: 28404 LAS PALMAS CIR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLYNN-THAL, LYNDIA P
Address: 28404 LAS PALMAS CIR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR () Change (X) Addition
Name: THAL, SILVIO
Address: 28404 LAS PALMAS CIR
City-St-Zip: BONITA SPRINGS, FL 34135

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: SILVIO THAL

MGR

04/30/2007

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