2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000052826

1. Entity Name

WARWICK FLORIDA PROPERTIES, LLC



Principal Place of Business

2640 GOLDEN GATE PARKWAY SUITE 114 NAPLES, FL 34105

Mailing Address

ATTN: WILLIAM H POTEET JR PO BOX 10667 NAPLES, FL 34101-0667

FILED Jul 21, 2008 8:00 am Secretary of State

07-21-2008 90083 011 ***150.00

50008701



07072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 20-5363484 Not Applied be \$5.00 Additional

Certificate of Status Desired

\$5.00 Addit

DATE

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

POTEET, WILLIAM H JR 2640 GOLDEN GATE PARKWAY SUITE 114 NAPLES, FL 34105

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this	s 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.				
* * * * * * * * * * * * * * * * * * * *				
OLONATURE :				

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGHNG, MEMBERS/MANAGERS
TITLE	MGR
NAME	WARWICK, ANGELE
STREET ADDRESS	8716 CATALINA
CITY-ST-ZIP	PRAIRIE VILLAGE, KS. 66207
TITLE	MGR ()
NAME	WARWICK, HADLEY
STREET ADDRESS	8716 CATALINA
CITY-ST-ZIP	PRAIRIE VILLAGE, KS 66207
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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jr

1/08 2394033840

Daytime Phone #