

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/12/2007-90484-031-\$50.00-\$50.00 *
8/30/2007-90066-029-\$50.00-\$50.00

FILED

07 OCT -5 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000054390					
1. Entity Name GEORGIA PROPERTIES, LLC					
Principal Place of Business 11943 NW 37TH AVENUE CORAL SPRINGS, FL 33065			Mailing Address 11943 NW 37TH AVENUE CORAL SPRINGS, FL 33065		
2. Principal Place of Business - No P.O. Box # 11943 NW 37th Street		3. Mailing Address 11943 NW 37th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 20-5518147				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				08202007 Chg-LLC CR2E083 (12/08)	
6. Name and Address of Current Registered Agent M & W AGENTS, INC. 2101 CORPORATE BOULEVARD STE 107 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL			FL		
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	PRESIDENT <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARC ROBERTS			NAME	
STREET ADDRESS	11943 NW 37th Street			STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065			CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN McDONNELL			NAME	
STREET ADDRESS	11943 NW 37th Street			STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
REINSTATEMENT					
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: 				8-26-07 9548735613	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
				Debitum Phone #	