2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

02-13-2007 90056 040 ****50.00

DOCUMENT # L06000055698

1. Entity Name

RE PROPERTY LLC

Principal Place of Business	Mailing Address
521 MANDALAY AVE., #902 CLEARWATER FL 33767	521 MANDALAY AVE., #902 CLEARWATER FL 33767

300005644

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 20-5353835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ENTEL, ROBERT M.D.
521 MANDALAY AVE., #902
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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] 2-7-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE (1) NAME STREET ADDRESS CITY-ST-ZIP	Irwin L Entel, MD (partner) 1634 Santa Barbara Dr	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
~~TITLE NAME STREET ADDRESS CITY-ST-ZIP~~	Dunedin, FL 33698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE (2) NAME STREET ADDRESS CITY-ST-ZIP	Robert J Entel, MD 521 Mandalay Ave #902 Clearwater, FL 33767	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
~~TITLE NAME STREET ADDRESS CITY-ST-ZIP~~	(partner) → managing member	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 2/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #