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Aug 30, 2007 8:00 am
Secretary of State

08-06-2007 90055 029 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/6

DOCUMENT # L06000056272

1. Entity Name
TRANSITION PROPERTIES, LLC

30012581

Principal Place of Business	Mailing Address
1252 N. FAIRWAY DR. APOPKA, FL 32712 US	1252 N. FAIRWAY DR. APOPKA, FL 32712 US

07312007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
16732 MAGNOLIA TERRACE BLVD.		16732 MAGNOLIA TERRACE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MONTVERDE, FL		City & State: MONTVERDE, FL	
Zip: 34756	Country: U.S.	Zip: 34756	Country: U.S.

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, AIXA
1252 N. FAIRWAY DR.
APOPKA, FL 32712

7. Name and Address of New Registered Agent

Name: AIXA GARCIA
Street Address (P.O. Box Number is Not Acceptable): 16732 MAGNOLIA TERRACE BLVD.
City: MONTVERDE FL Zip Code: 34756

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: Aixa Garcia 7-31-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 — address		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner/manager Aixa Garcia 16732 magnolia Terrace Blvd montverde, FL 34756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner/manager AIXA GARCIA 16732 MAGNOLIA TERRACE BLVD. MONTVERDE, FL 34756	☑ 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
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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 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: Aixa Garcia 321-356-2219 7-31-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date ⟷ Daytime Phone #