2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2007
Secretary of State

DOCUMENT# L06000059693

Entity Name: AUTIN PROPERTIES, LLC

Current Principal Place of Business:

1700 SE HILLMOOR DRIVE
SUITE 501
PORT ST LUCIE, FL 34952 US

New Principal Place of Business:

10377 SOUTH US HWY 1
SUITE 101
PORT ST LUCIE, FL 34952 US

Current Mailing Address:

1700 SE HILLMOOR DRIVE
SUITE 501
PORT ST LUCIE, FL 34952 US

New Mailing Address:

10377 SOUTH US HWY 1
SUITE 101
PORT ST LUCIE, FL 34952 US

FEI Number: 20-5020986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FOGAL, CHRISTOPHER E
1115 DELAWARE AVENUE
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: AUTIN, JAMES L
Address: 7100 LORRAINE COURT
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: MGR ( ) Delete
Name: AUTIN, JANET S
Address: 7100 LORRAINE COURT
City-St-Zip: PORT ST LUCIE, FL 34952 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES L. AUTIN OWNE 07/25/2007

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