

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000074748

**FILED  
Jan 17, 2008  
Secretary of State**

**Entity Name:** IDLEWOOD LOOP PROPERTIES LLC

**Current Principal Place of Business:**

525 NORTHFIELD LANE  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

525 NORTHFIELD LANE  
THE VILLAGES, FL 32162

**New Mailing Address:**

**FEI Number:** 20-5280859      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE MILLHORN LAW FIRM LLC  
13710 US HWY 441  
SUITE 100  
THE VILLAGES, FL 32159 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: TOMPKINS, HAROLD R  
Address: 525 NORTHFIELD LANE  
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM ( ) Delete  
Name: TOMPKINS, RUTH E  
Address: 525 NORTHFIELD LANE  
City-St-Zip: THE VILLAGES, FL 32162

**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: RUTH E. TOMPKINS

MGRM

01/17/2008

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