## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000082875

Name:

Address:

City-St-Zip:

MERRITT, JESSICA

DAYTONA BEACH, FL 32120 US

PO BOX 12203

Entity Name: CODE3 PROPERTIES, LLC

FILED May 15, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 770 HOPE ST ORMOND BEACH, FL 32174 US **Current Mailing Address: New Mailing Address:** 770 HOPE ST ORMOND BEACH, FL 32174 US FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: MANJASEK, JUSTINE 75 N THOMPSON CREEK RD ORMOND BEACH, FL 32174 US 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition MANJASEK, ALEXANDER Name: Name: Address: 770 HOPE ST Address: City-St-Zip: ORMOND BEACH, FL 32174 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MANJASEK, JUSTINE Name: Address: 75 N THOMPSON CREEK RD Address: City-St-Zip: ORMOND BEACH, FL 32174 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MORFORD, BRYAN Name: Name: Address: PO BOX 12203 Address: City-St-Zip: DAYTONA BEACH, FL 32120 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALEXANDER MANJASEK MGRM 05/15/2007