


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000085247 1. Entity Name PTC PROPERTIES, LLC	
---	---

Principal Place of Business 24120 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135	Mailing Address 20520 TANGLEWOOD LANE ESTERO, FL 33928
--	--

DO NOT WRITE IN THIS SPACE



02072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5576777	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

8. Name and Address of Current Registered Agent DORAGH, PETE 7011 CYPRESS TERRACE SUITE 103 FORT MYERS, FL 33927
--

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U000000833507 02/28/08-80015-019 138.75
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON, CHARLES E 20520 TANGLEWOOD LANE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON, DALE M 20520 TANGLEWOOD LANE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 	Date 2/13/08	Daytime Phone # 239-633-2204
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		