2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000086812

1. Entity Name

A.G. ROYCE PROPERTY MANAGEMENT, LLC



Principal Place of Business

Mailing Address

-4208 N 31ST AVENUE, SUITE 3 HOLLYWOOD, FL-33021

POST OFFICE BOX 100527 FORT LAUDERDALE, FL 33310

A23 N.GUADALUPE #558 SANTAFE, MM 87501

FILED Jan 16, 2008 8:00 am Secretary of State

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01042008 No Chg-LLC

4. FEI Number

CR2E083 (12/07)

4. FEI Number 20-5542893

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANDELL, CRAIG J ESQ. C/O MOSKOWITZ, MANDELL, SALIM & SIMOWITZ 800 CORPORATE DRIVE, SUITE 500 FT. LAUDERDALE, FL 33334

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		· · · · · · · · · · · · · · · · · · ·
	named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce
SIGNATURE.	Signature, lyped or printed name of registered agent and title if applicable.	(NOTE: Registered Agent algnature required when reinstating) DATE
	E NOWILL FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM: GORDON, ALLEN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A. A.C.	

DO NOT WRITE

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 expowered to execute this report as required by Chapter 608, Florida Statutes.

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NAME
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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-7-08

954.561-3607

Daytime Phone #