2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# L06000087447

Entity Name: RAYMOND PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

760 MAGNOLIA CREEK CIRCLE
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

760 MAGNOLIA CREEK CIRCLE
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 20-5446254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NARVAEZ, STEVEN
760 MAGNOLIA CREEK CIRCLE
ORLANDO, FL 32828 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: NARVAEZ, STEVEN
Address: 760 MAGNOLIA CREEK CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NARVAEZ, STEVEN
Address: 760 MAGNOLIA CREEK CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: MGRM ( ) Change (X) Addition
Name: HILLERMAN, ERIC
Address: 460 CROFTON DR
City-St-Zip: OCOEE, FL 34761

Title: MGRM ( ) Change (X) Addition
Name: WYMAN, JEAN
Address: 11536 VICOLO LOOP
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN NARVAEZ MGR 04/20/2007

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