2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087764

Entity Name: MTE PROPERTIES, LLC

91 JOHNSON LN

FLINTSTONE, GA 30725

Address:

City-St-Zip:

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 651 PERCHERON CIRCLE NOKOMIS, FL 34275 US **Current Mailing Address: New Mailing Address:** 651 PERCHERON CIRCLE NOKOMIS, FL 34275 FEI Number: 20-5504438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PALMER, BRIAN 2937 BEE RIDGE ROAD SUITE 2 SARASOTA, FL 34239 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 Title: () Change () Addition () Delete TURNER, MARCUS S Name: Name: 651 PERCHERON CIRCLE Address: Address: City-St-Zip: NOKOMIS, FL 34275 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: TURNER, SANDRA A Name: Address: 651 PERCHERON CIRCLE Address: City-St-Zip: NOKOMIS, FL 34275 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition TURNER, STEPHEN A Name: Name: Address: 813 PINELAND AVE Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: TURNER, ELIZABETH A Name: 813 PINELAND AVE Address: Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WILLIAMSON, GERALD C Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MARCUS S TURNER MGRM 04/24/2008