
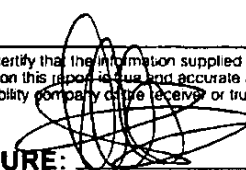


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90179 022 \*\*\*\*50.00

<b>DOCUMENT # L06000088561</b> 1. Entity Name <b>CURB APPEAL PROPERTIES LLC</b>					
Principal Place of Business <b>360 CHICASAW COURT JACKSONVILLE, FL 32259 US</b>			Mailing Address <b>360 CHICASAW COURT JACKSONVILLE, FL 32259 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>205552701</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Name and Address of Current Registered Agent <b>BEAUGRAND, CLYDE J 360 CHICASAW COURT JACKSONVILLE, FL 32259</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 fee if applicable (NOTE: Registered Agent signature required when renewing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>		DATE _____	
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEAUGRAND, CLYDE J 360 CHICASAW COURT JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEAUGRAND, SUSAN S 360 CHICASAW COURT JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 its receiver) or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
<b>SIGNATURE:</b>  <u>CLYDE BEAUPRE</u> <u>4/14/07</u> <u>(904) 8605437</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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**\$5.00 Additional  
Fee Required**