2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 21, 2007 8:00 am
Secretary of State

05-09-2007 90028 042 ****50.00

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DOCUMENT # L06000094002

1. Entity Name

PURPLELINE PROPERTIES, LLC

Principal Place of Business	Mailing Address
4821 N. GOLDENROD RD APT C WINTER PARK FL 32792	P.O. BOX 226 GOLDENROD FL 32733

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8526 ABACO CT.	8526 ABACO CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CANAVERAL, FL	City & State: CAPE CANAVERAL, FL
Zip: 32920 Country: USA	Zip: 32920 Country: USA

1st MOORE CR2E083 (10/06)

4. FEI Number 20-5612062 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BALAIS-PORRAS, DAISY
4821 N. GOLDENROD RD
APT. C
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name BALAIS-PORRAS, DAISY

Street Address (P.O. Box Number is Not Acceptable)

8526 ABACO CT.

City CAPE CANAVERAL FL Zip Code 32920

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 [signature] - DAISY BALAIS - PORRAS 4-24-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALAIS-PORRAS, DAISY 4821 N. GOLDENROD RD #C WINTER PARK FL 32792	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALAIS-PORRAS, DAISY 8526 ABACO CT. CAPE CANAVERAL FL 32920	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] - DAISY BALAIS PORRAS 4-24-07 407-927-0970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #