

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90069 037 ***138.75

DOCUMENT # L06000094002 1. Entity Name PURPLELINE PROPERTIES, LLC																													
Principal Place of Business 8526 ABACO CT CAPE CANAVERAL, FL 32920			Mailing Address 8526 ABACO CT CAPE CANAVERAL, FL 32920																										
2. Principal Place of Business - No P.O. Box # 732 BAYSIDE DR. Suite, Apt. #, etc. UNIT 301		3. Mailing Address 732 BAYSIDE DR. Suite, Apt. #, etc. UNIT 301																											
City & State CAPE CANAVERAL		City & State CAPE CANAVERAL		4. FEI Number 20-5612062																									
Zip FL 32920		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent BALAIS-PORRAS, DAISY 8526 ABACO CT CAPE CANAVERAL, FL 32920				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 732 BAYSIDE DR. UNIT 301 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 <u>DAISY BALAIS-PORRAS</u> <i>[Signature]</i> 3-28-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BALAIS-PORRAS, DAISY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8526 ABACO CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CANAVERAL, FL 32920</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	BALAIS-PORRAS, DAISY		STREET ADDRESS	8526 ABACO CT		CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">732 BAYSIDE DR., UNIT 301</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CAPE CANAVERAL, FL 32920</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	732 BAYSIDE DR., UNIT 301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CAPE CANAVERAL, FL 32920		STREET ADDRESS			CITY-ST-ZIP		
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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 empowered to execute this report as required by Chapter 608, Florida Statutes.																													
SIGNATURE: <u>DAISY BALAIS-PORRAS</u> <i>[Signature]</i> 3/28/08 4079270970 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													