

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095974

FILED  
Jul 03, 2007  
Secretary of State

**Entity Name:** TOTAL PROPERTY MANAGEMENT & MAINTENANCE CO. LLC

**Current Principal Place of Business:**

6549 SE BROADMOOR LANE  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

6549 SE BROADMOOR LANE  
STUART, FL 34997 US

**New Mailing Address:**

FEI Number: 41-2232434      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BANASIAK, FRANCINE  
6549 SE BROADMOOR LANE  
STUART, FL 34997 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:**

Title: MGR ( ) Delete  
Name: BANASIAK, FRANCINE  
Address: 6549 SE BROADMOOR LANE  
City-St-Zip: STUART, FL 34997 US

Title: MGRM ( ) Delete  
Name: BANASIAK, EDWARD J  
Address: 6549 SE BROADMOOR LANE  
City-St-Zip: STUART, FL 34997 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: FRANCINE BANASIAK

V P

07/03/2007

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