## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## 07-13-2007 90070 001 \*\*\*\*50.00 DOCUMENT # L06000101849 07-13-2007 90070 002 \*\*\*\*50.00 NITTANY LIONS PROPERTY LLC JUU11146 Principal Place of Business Mailing Address 9254 NW 18TH STREET 9254 NW 18TH STREET PLANTATION, FL 33322 PLANTATION, FL 33322 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07032007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOONTZ, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 9254 NW 18TH STREET PLANTATION, FL 33322 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change ■ Addition KOONTZ, MICHAEL S NAME NAME STREET ADDRESS 9254 NW 18TH STREET STREET ADDRESS PLANTATION, FL 33322 CITY-ST-ZIP CITY-ST-ZIP INLE ☐ Delete TITL F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Jul 13, 2007 8:00 am Secretary of State

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT							ATTACHMENT				
1. Entity Naπ NITTANY		.06000101 PERTY LLC		) 41	IACHM	ENI					
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Zip	Country		Zip	Zip Coun		5. Certificate	of Status Desired		5.00 Add ee Required		
	6. Name and	Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent						
KOONTZ	AUGUAEL C		Name								
KOONTZ, MICHAEL S 9254 NW 18TH STREET PLANTATION, FL 33322					Street Address (P.O. Box Number is Not Acceptable)						
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			City FL Zip Code								
	named entity subrations of registered a		or the purpose of changing its	s register	ed office or registe	ered agent, or bo	th, in the State of Fl	orida. I am fa	miliar with,	and accept	
SIGNATURE											
0.	Signature, typed or prints	d name of registered agen	t and tide if applicable. (NO	TE: Hegistere	d Agent signature require	ed when reinstating)		DATE		-	
Fil Due I	ling Fee is \$50 by September	).00 14, 2007		;		e check pa a Departme	_	•			
9.	<del></del>	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	/CHANGES			
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11 I hereby	certify that the infor	rnation supplied wit	h this filling does not qualify to	or the exe	motions container	d in Chapter 119,	Florida Statutes. I f	urther certify	that the info	rmation	
indicated limited lia	I on this report is tru ability company or t	ue and accurate and the receiver or truste	d that my signature shall have see empowered to execute this	the sam report a	e legal effect as if s required by Cha	made under oat pter 608, Florida				r of the	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBERY MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayone Prone #											
SIGNAT	SIGNATURE AND TY	PED OR PRINTED NAME	OF SIGNING MANAGING MEMBER TO	ANAGER, O	R AUTHORIZED REPRES	SENTATIVE	Date	Da	vome Phone #	<del>/////</del>	