


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90343 036 ****50.00

DOCUMENT # L06000109424	
1. Entity Name KIMBER DOUGLAS PROPERTIES, LLC.	

Principal Place of Business 11140 BRIDGECREEK DRIVE RIVERVIEW, FL 33569	Mailing Address 11140 BRIDGECREEK DRIVE RIVERVIEW, FL 33569
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5867901	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
PORTO, CURRAN K 9270 BAY PLAZA BLVD. SUITE 618 TAMPA, FL 33619	

7. Name and Address of New Registered Agent	
Name Christine Cashen Street Address (P.O. Box Number is Not Acceptable) 11140 Bridgecreek Dr City Riverview FL 33569	

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 **Christine Cashen** **Christine Cashen, manager** **4-10-07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CASHEN, CHRISTINE K 11140 BRIDGECREEK DRIVE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Christine K Cashen Christine Cashen 4-10-07 813-741-3401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #