2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State 05-05-2008 90032 022 ***138.75

1. Entity Nan	ne	#L060001 ROPERTY, LLC					03 03 2			
Principal Place of Business 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803			Mailing Address PO BOX 201 OAKLAND, FL 34760			60038879				
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Address						-	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite. Apt. #, etc.			Chg-LLC	CR2E)83 (12/06)	
City & State			City & State	City & State		4. FE! Number 20-5914				pplied For ot Applicable
Zip		Country	Zip	Coun	ilry	5. Certificate of	f Status Desired		\$5.00 Ad Fee Require	
	6. Name	and Address of Cur	rent Registered Agent			7. Name and A	Address of New R	egistered	Agent	
DOMANT.	045145	•			Naine -		-	-		
BRYANT, 1206 EAS ORLANDO	T RIDGEV	VOOD STREET 03			Street Address	P.O. Box Number	is Not Acceptable)		
					City			FL	Zip Cod	le
	named entity tions of regist		ent for the purpose of changing its	s registere	ed office or registe	red agent, or both	, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered	agent and little if applicable. (NO	E. Registere	d Agent signature required	1 when reinsteleng)		DATE		Marie Ma
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						Make check payable to Florida Department of State				
			B.75							8
		Fee will be \$536	3.75 MBERS/MANAGERS	10.				Departm	ent of Stat	
After May	, 1, 2008	Fee will be \$538 MANAGING ME		TITLE			Florida	Departm	ent of Stat	Addition
9.	MGR LOX, J P O BOX	MANAGING ME	MBERS/MANAGERS	TITLE NAMI STRE			Florida	Departm	ent of Stat	
9. IIILE NAME STREET ADDRESS	MGR LOX, J P O BOX	MANAGING ME Co×, J 201	MBERS/MANAGERS	TITLE NAMI STRE	E ET ADDRESS -ST-ZIP		Florida	Departm	ent of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR LOX. J P O BOX OAKLAND MGR COX. B P O BOX	MANAGING ME Cox, J 201 0, FL 34760	MBERS/MANAGERS	TITLE NAMI STRE CITY TITLE NAMI STRE	E ET ADDRESS -ST-ZIP		Florida	Departm	ent of Stat	Addition
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9. IIILE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MGR LOX. J P O BOX OAKLAND MGR COX. B P O BOX	MANAGING ME Cox, J 201 0, FL 34760	MBERS/MANAGERS Delete	TITLE NAMI STRE CITY- TITLE HAMI STRE HAMI STRE	E ET ADDRESSS1-ZIP E ET ADDRESSST-ZIP E ET ADDRESSST-ZIP E FT ADDRESSST-ZIP		Florida	Departm	Change	Addition
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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.

4-30.08 407-454-2535 Dayline Phone # SIGNATURE: OR PRINTED NAME OF SIGNING MANAGEN WENDER, MANAGER, OR AN HORIZED REPRESENTATIVE