

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115499

FILED
May 21, 2008
Secretary of State

Entity Name: SEVENTH STREET PROPERTIES, L.L.C.

Current Principal Place of Business:

1409 EMERALD DUNES
SUN CIY CENTER, FL 33573

New Principal Place of Business:

Current Mailing Address:

1409 EMERALD DUNES
SUN CIY CENTER, FL 33573

New Mailing Address:

FEI Number: 20-2689053 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:

LIZOTTE, RICHARD A MGR
1409 EMERALD DUNES
SUN CIY CENTER, FL 33573 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: LIZOTTE, RICHARD A
Address: 1409 EMERALD DUNES
City-St-Zip: SUN CIY CENTER, FL 33573

Title: MGRM () Delete
Name: ROBICHAUX, JR, RONALD B MGRM
Address: 78 BUNTING DR
City-St-Zip: CRAWFORDVILLE, FL 32327 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ROBICHAUX, JR, RONALD B MGRM
Address: 1752 MIRA LAGO CIR
City-St-Zip: RUSKIN, FL 33570 US

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: RICHARD A. LIZOTTE

MGRM

05/21/2008

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