

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120875

FILED  
Mar 25, 2007  
Secretary of State

**Entity Name:** THIRD PARTY PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

1407 SHADOWBROOK TRAIL  
ENTERPRISE, FL 32715 US

**New Principal Place of Business:**

**Current Mailing Address:**

1407 SHADOWBROOK TRAIL  
ENTERPRISE, FL 32715 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

ENGLEHARDT, M M  
1407 SHADOWBROOD TRAIL  
ENTERPRISE, FL 32715 US

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

ENGLEHARDT, M M  
1407 SHADOWBROOK TRAIL  
ENTERPRISE, FL 32715 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: \_\_\_\_\_

03/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ENGLEHARDT, M M  
Address: 1407 SHADOWBROOK TR.  
City-St-Zip: ENTERPRISE,, FL 32715 US

Title: MGR ( ) Delete  
Name: STIEGEL, DEBORAH  
Address: 1600 ALABAMA DR., #301  
City-St-Zip: WINTER PARK, FL 32789 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 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: M.M. ENGLEHARDT

MGR

03/25/2007

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