


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90235 034 ***138.75

DOCUMENT # L06000120875 1. Entity Name THIRD PARTY PROPERTY MANAGEMENT, LLC	
--	---

Principal Place of Business 1407 SHADOWBROOK TRAIL ENTERPRISE, FL 32715 US	Mailing Address 1407 SHADOWBROOK TRAIL ENTERPRISE, FL 32715 US
--	--

2. Principal Place of Business - No P.O. Box # 1353 PALMETTO AVE	3. Mailing Address P.O. BOX 1360
---	-------------------------------------

Suite, Apt. #, etc. SUITE 150	Suite, Apt. #, etc.
----------------------------------	---------------------

City & State WINTER PARK FL	City & State WINTER PARK FL
--------------------------------	--------------------------------

Zip 32789	Country USA	Zip 32790	Country USA
--------------	----------------	--------------	----------------

03182008 Chg-LLC CR2E083 (12/06)

4. FEI Number APPLIED FOR 38-3759751	Applied For Not Applicable
---	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

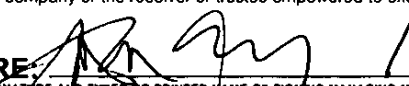
6. Name and Address of Current Registered Agent ENGLEHARDT, M M 1407 SHADOWBROOK TRAIL ENTERPRISE, FL 32715
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) SUITE 150 City WINTER PARK FL 32789
--

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  M.M. ENGLEHARDT, MAN. HEMB. 03/19/08 (NOTE: Registered Agent signature required when reinstating)	DATE
---	------

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ENGLEHARDT, M M 1407 SHADOWBROOK TR. ENTERPRISE, FL 32715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STIEGEL, DEBORAH 1600 ALABAMA DR., #301 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	03/19/08 407.647.6800 Date Daytime Phone #