2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2008
Secretary of State

DOCUMENT# L07000019621

Entity Name: PROPERTY REDEEMERS LLC

Current Principal Place of Business:

1969 ALAMANDA WAY
RIVIERA BEACH, FL 33408

New Principal Place of Business:

1969 ALAMANDA WAY
RIVIERA BEACH, FL 33404

Current Mailing Address:

1969 ALAMANDA WAY
RIVIERA BEACH, FL 33408

New Mailing Address:

P.O. BOX 13015
NORTH PALM BEACH, FL 33408

FEI Number: 20-8481612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: CLEMENS, DON
Address: 1969 ALAMANDA WAY
City-St-Zip: RIVIERA BEACH, FL 33408

Title: MGR ( ) Delete
Name: CLEMENS, MONIQUE
Address: 1969 ALAMANDA WAY
City-St-Zip: RIVIERA BEACH, FL 33408

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CLEMENS JR., DONALD G
Address: PO BOX 13015
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGR (X) Change ( ) Addition
Name: CLEMENS, MONIQUE
Address: PO BOX 13015
City-St-Zip: NORTH PALM BEACH, FL 33408

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: MONIQUE CLEMENS MGR 01/23/2008

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