

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025654

FILED
Apr 24, 2008
Secretary of State

Entity Name: FLORIDA PATRIOT PROPERTIES, LLC

Current Principal Place of Business:

4337 ELLINWOOD BLVD.
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4337 ELLINWOOD BLVD.
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 20-8586050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, MARK L
4337 ELLINWOOD BLVD.
PALM HARBOR, FL 34685 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: WILSON, MARK L
Address: 4337 ELLINWOOD BLVD.
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGR () Delete
Name: SCHMERGE, MICHAEL F
Address: 2911 MAGNOLIA TRACE
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGR () Delete
Name: PARISI, MICHAEL
Address: 2044 PARK CRESCENT DR.
City-St-Zip: LAND O'LAKES, FL 34639 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILSON, MARK L
Address: 4337 ELLINWOOD BLVD.
City-St-Zip: PALM HARBOR, FL 34685 US

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 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: MARK L WILSON

MGRM

04/24/2008

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