2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# L07000030448

Entity Name: LOOSE CHANGE PROPERTIES, LLC

Current Principal Place of Business:

17 JEFFERSON AVE
LEHIGH ACRES, FL 33972

New Principal Place of Business:

17 JEFFERSON AVE
LEHIGH ACRES, FL 33936

Current Mailing Address:

17 JEFFERSON AVE
LEHIGH ACRES, FL 33972

New Mailing Address:

17 JEFFERSON AVE
LEHIGH ACRES, FL 33936

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

Name and Address of Current Registered Agent:

MENDEZ, ISRAEL
17 JEFFERSON AVE
LEHIGH ACRES, FL 33972 US

Name and Address of New Registered Agent:

MENDEZ, ISRAEL
17 JEFFERSON AVE
LEHIGH ACRES, FL 33936 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: 03/05/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MENDEZ, ISRAEL
Address: 17 JEFFERSON AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: MGRM ( ) Delete
Name: MENDEZ, KIMBERLY
Address: 17 JEFFERSON AVE
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MENDEZ, ISRAEL
Address: 17 JEFFERSON AVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM (X) Change ( ) Addition
Name: MENDEZ, KIMBERLY
Address: 17 JEFFERSON AVE
City-St-Zip: LEHIGH ACRES, FL 33936

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: ISRAEL MENDEZ MGRM 03/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date