


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2008 8:00 am
Secretary of State

05-05-2008 90029 050 ***138.75

DOCUMENT # L07000031984	
1. Entity Name NADEN'S PROPERTY INVESTMENTS, LLC	

Principal Place of Business 990 S. CONGRESS AVENUE, SUITE 4 DELRAY BEACH, FL 33445	Mailing Address 990 S. CONGRESS AVENUE, SUITE 4 DELRAY BEACH, FL 33445
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2. Principal Place of Business - No P.O. Box # SAME AS	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent SAINT-CYR, MARIE NADIA 1300 SW 7TH AVENUE DEERFIELD BEACH, FL 33441	
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30009183



06092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5478695	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 *Marie Nadia Saint-Cyr* DATE *06-02-08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JEAN-FRANCOIS, KERVENS 990 S. CONGRESS AVENUE, SUITE 4 DELRAY BEACH, FL 33445 <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
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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

Date

Daytime Phone #

06-02-08