

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-24-2008 90232 007 \*\*\*138.75

<b>DOCUMENT # L07000045402</b>					
<b>1. Entity Name</b> FLORIDA PROPERTY SERVICES LLC					
<b>Principal Place of Business</b> <del>5571 MARQUESAS CIRCLE</del> <del>SARASOTA, FL 34233</del>			<b>Mailing Address</b> <del>5571 MARQUESAS CIRCLE</del> <del>SARASOTA, FL 34233</del>		
<b>2. Principal Place of Business - No P.O. Box #</b> 7826 Saddle Creek Tr Suite, Apt. #, etc.		<b>3. Mailing Address</b> 7826 Saddle Creek Tr Suite, Apt. #, etc.			
<b>City &amp; State</b> Sarasota FL Zip 34241 Country US		<b>City &amp; State</b> Sarasota FL Zip 34241 Country US		<b>4. FEI Number</b> 20-8974996	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> DONATO, EVELYN K <del>5571 MARQUESAS CIRCLE</del> <del>SARASOTA, FL 34233</del>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) 7826 Saddle Creek Tr City Sarasota FL Zip Code 34241		
<b>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.</b> SIGNATURE <u>S. J. Donato</u> DATE <u>2/10/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONATO, EVELYN K 5571 MARQUESAS CIRCLE SARASOTA, FL 34233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7826 Saddle Creek Tr SARASOTA FL 34241	
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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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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>S. J. Donato</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>2/10/08</u> Daytime Phone # <u>941-232-3170</u>		