2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2008
Secretary of State

DOCUMENT# L07000047102

Entity Name: ALLIED PROPERTY MANAGEMENT LLC

Current Principal Place of Business:

17445 US HWY 192
SUITE 6
CLERMONT, FL 34714 US

New Principal Place of Business:

Current Mailing Address:

17445 US HWY 192
SUITE 6
CLERMONT, FL 34714 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BELLIVEAU, JANE L
240 LEWIS DRIVE
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

BELLIVEAU, JANE L
437 HIGHLAND MEADOWS STR
DAVENPORT, FL 33837 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: 06/09/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BELLIVEAU, JANE L
Address: 240 LEWIS DRIVE
City-St-Zip: DAVENPORT, FL 33837 US

Title: MGR ( ) Delete
Name: GUPTA, ANITA
Address: 1239 AQUILA LOOP
City-St-Zip: CELEBRATION, FL 34747 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BELLIVEAU, JANE L
Address: 437 HIGHLAND MEADOWS STR
City-St-Zip: DAVENPORT, FL 33837 US

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: JANE BELLIVEAU MGR 06/09/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date