

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065294

FILED
Sep 13, 2008
Secretary of State

Entity Name: PROPERTIES NO INK LLC

Current Principal Place of Business:

2217 72ND AVENUE EAST
SARASOTA, FL 34243

New Principal Place of Business:

1916 72ND AVENUE EAST
SARASOTA, FL 34243

Current Mailing Address:

2217 72ND AVENUE EAST
SARASOTA, FL 34243

New Mailing Address:

1916 72ND AVENUE EAST
SARASOTA, FL 34243

FEI Number: 26-0392839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JAMES
2217 72ND AVENUE EAST
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

MOORE, JAMES
1916 72ND AVENUE EAST
SARASOTA, FL 34243 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:

09/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOORE, JAMES
Address: 2217 72ND AVENUE EAST
City-St-Zip: SARASOTA, FL 34243

Title: MGR () Delete
Name: BULLOCK, LANCE
Address: 2217 72ND AVENUE EAST
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOORE, JAMES
Address: 1916 72ND AVENUE EAST
City-St-Zip: SARASOTA, FL 34243

Title: MGR (X) Change () Addition
Name: BULLOCK, LANCE
Address: 1916 72ND AVENUE EAST
City-St-Zip: SARASOTA, FL 34243

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: LANCE BULLOCK

MGR

09/13/2008

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