


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

02-25-2008 90137 024 ***143.75

DOCUMENT # L07000075042

1. Entity Name
EARLE PROPERTIES, L.L.C.



Principal Place of Business
**2917 UMBRELLA TREE DRIVE
 EDGEWATER, FL 32141**

Mailing Address
**2917 UMBRELLA TREE DRIVE
 EDGEWATER, FL 32141**



2. Principal Place of Business - No P.O. Box #
 Suites, Apt. #, etc.

3. Mailing Address
 Suites, Apt. #, etc.

01222008 Chg-LLC CR2E083 (12/06)

City & State
 Zip Country

4. FEI Number
26-2145889

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**EARLE, ANGELA C
 2917 UMBRELLA TREE DRIVE
 EDGEWATER, FL 32141**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EARLE, ROBERT C 2917 UMBRELLA TREE DRIVE EDGEWATER, FL 32141	<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	MGRM EARLE, ANGELA C 2917 UMBRELLA TREE DRIVE EDGEWATER, FL 32141	<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: Angela C Earle 2/22/08 386-190-8237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #