

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095902

FILED
Mar 24, 2009
Secretary of State

Entity Name: 7-E PROPERTIES, A LIMITED LIABILITY COMPANY

Current Principal Place of Business:

735 N. 6TH AVE.,
WAUCHULA, FL 33873 US

New Principal Place of Business:

Current Mailing Address:

2041 N. TORRINGTON RD.
AVON PARK, FL 33825 US

New Mailing Address:

1697 LAKE LOTELA DR.
AVON PARK, FL 33825 US

FEI Number: 26-1102087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANIER, DAVID F
30 EAST MAIN STREET
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

SEVIGNY, MARK D
1697 LAKE LOTELA DR.
AVON PARK, FL 33825 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: MARK SEVIGNY

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SEVIGNY, MARK
Address: 2041 N. TORRINGTON RD.
City-St-Zip: AVON PARK, FL 33825 US

Title: MGRM () Delete
Name: SEVIGNY, TIFFANY
Address: 2041 N. TORRINGTON RD.
City-St-Zip: AVON PARK, FL 33825 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SEVIGNY, MARK
Address: 1697 LAKE LOTELA DR.
City-St-Zip: AVON PARK, FL 33825 US

Title: MGRM (X) Change () Addition
Name: SEVIGNY, TIFFANY
Address: 1697 LAKE LOTELA DR.
City-St-Zip: AVON PARK, FL 33825 US

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: MARK SEVIGNY

MGR

03/24/2009

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