


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000115406		
1. Entity Name XELA PROPERTIES, LLC		

Principal Place of Business 26092 WATERFOWL LANE PUNTA GORDA, FL 33983	Mailing Address 26092 WATERFOWL LANE PUNTA GORDA, FL 33983
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number APPL 230 For	Applied For Not Applicable
Zip	Country	Zip	Country

FILED
08 MAR 12 PM 2:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA



01132008 Chg-LLC CR2E083 (12/06)

8. Name and Address of Current Registered Agent LEONARD, JEFFREY J 26092 WATERFOWL LANE PUNTA GORDA, FL 33983	
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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER JEFFREY J. LEONARD 26092 WATERFOWL LANE PUNTA GORDA, FLA 33983 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000918267 02/15/08-80035-021 138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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: <u>JEFFREY J. LEONARD</u> 2-4-08 941-380-1465	Date	Daytime Phone #
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