## 2008 LIMITED LIABILITY COMPANY - ANNUAL REPORT

## May 22, 2008 8:00 am Secretary of State **DOCUMENT # L07000121693** 1. Entity Name AMPROP VENTURES DELEON, LLC 04-21-2008 90315 027 \*\*\*138.75 Principal Place of Business Mailing Address 12950 RACE TRACK ROAD 12950 RACE TRACK ROAD SUITE 201 SUITE 201 TAMPA, FL 33626 TAMPA, FL 33626 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26-1526695 Not Applicable Zip Country Ziρ Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHOESSLER, ERIC A Street Address (P.O. Box Number is Not Acceptable) 12950 RACE TRACK ROAD SUITE 201 TAMPA, FL 33626 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 Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent algreture required when reinszering) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check psyable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Detete TITLE ☐ Change ☐ Addition SCHOESSLER, ERIC A NAME MALE STREET ADDRESS 12950 RACE TRACK ROAD, SUITE 201 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33626 CITY-ST-7P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7# CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition MALE STREET ADDRESS STREET APPRIESS CRTY-ST-ZIP CITY-ST-ZIP MLE - Delete - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NTLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 11. I hereby certify that the information supplied with this filling does not qualify for the examptions 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. 4/1/08 SIGNATURE:

ED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATION

FILED