

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 12, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L93000000273**

1. Entity Name  
MACDILL AVENUE PROPERTIES, L.C.



Principal Place of Business  
3013 VILLA ROSA PARK  
TAMPA, FL 33611

Mailing Address  
1713 N. STAFFORD ST.  
ARLINGTON, VA 22207



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3198799

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PUFFER, JOHN W III  
101 E. KENNEDY BLVD.  
SUITE 2500  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MEM  
NAME CALOOSAHATCHEE ASSOCIATES LTD.  
STREET ADDRESS 3013 VILLA ROSA PARK  
CITY-ST-ZIP TAMPA, FL 33611

TITLE MEM  
NAME NEUWIRTH, ROBERT S  
STREET ADDRESS 400 GLOUCESTER ST.  
CITY-ST-ZIP ENGLEWOOD, NJ 07631

TITLE MEM  
NAME NEUWENTERPRISE  
STREET ADDRESS 1713 N STAFFORD ST.  
CITY-ST-ZIP ARLINGTON, VA 22207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000584807  
01/12/07-80052-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/7/07

Date

202-637-2248

Daytime Phone #