


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

\$50.00

FILED

07 FEB 15 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005687	
1. Entity Name CONNER PROPERTIES, L.L.C.	

Principal Place of Business 18110 APRIL LANE JUPITER, FL 33458	Mailing Address 18110 APRIL LANE JUPITER, FL 33458
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2. Principal Place of Business - No P.O. Box # 775 W. Indiantown Rd Suite, Apt. #, etc.	3. Mailing Address 775 W. Indiantown Rd Suite, Apt. #, etc.
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City & State Jupiter, FL	City & State Jupiter, FL
Zip 33458	Zip 33458
Country USA	Country USA



01232007 Chg-LLC CR2E083 (12/06) 07

4. FEI Number 65-0961936	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CONNER, PAMELA J 18110 APRIL LANE JUPITER, FL 33458	
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7. Name and Address of New Registered Agent Name: Pamela Conner Street Address (P.O. Box Number is Not Acceptable): 775 W. Indiantown Rd City: Jupiter FL Zip Code: 33458	
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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: <u>Pamela Conner</u> DATE: <u>1/24/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$50.00 Due by May 1, 2007	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	MGRM CONNER, PAMELA J 18110 APRIL LANE JUPITER, FL 33458 <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 CONNER, DAVID C 18110 APRIL LANE JUPITER, FL 33458 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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>Pamela Conner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date: <u>1/24/07</u> Daytime Phone #: <u>5617402233</u>
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