## 2008 LIMITED LIABILITY COMPA ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M01000002043

JOANNE ZIMMERMAN FAMILY PROPERTIES, L.L.C.



**FILED** Jul 11, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1212 SOUTH GARFIELD AVENUE TRAVERSE CITY, MI 49686-4331 1212 SOUTH GARFIELD AVENUE TRAVERSE CITY, MI 49686-4331



07072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number **NOT APPLICABLE**  Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OAKS, DAVID K ESQ. 407 EAST MARION AVENUE, SUITE 101 PUNTA GORDA, FL 33950

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<ol><li>The above named entity submits this statement for the purpose of changi the obligations of registered agent.</li></ol>	ing its registered office or registered agent, or both, in the State of Fi	orida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZIMMERMAN, JOANNE 1212 SOUTH GARFIELD AVENUE TRAVERSE CITY, MI 49686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY+ST-ZIP	

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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:

7-7-2008

1-231-946-8860

SIGNATURE AND TYPEO'OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #