2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000001108

FLORIDA PACIFIC PROPERTIES, LLC

FILED Jan 28, 2008 08:00 AN **Secretary of State**

Principal Place of Business

Mailing Address

1701 GULFSTREAM AVE., APT. # 727

SUITE 110-135 FORT PIERCE, FL 34949-3542

DO NOT WRITE IN THIS SPACE

- 800 NE TENNEY ROAD VANCOUVER, WA 98685



01232008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		
_	91-2197614		

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGLER, JOHN M 1701 GULFSTREAM AVE., APT. #727 FORT PIERCE, FL 34949-3542

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered office or registered agent, or bol	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.				
	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent aignature required when reinstahing)	DATE	
	NOWI!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000803981 02/05/08-80048-013 143.75	
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	SIGLER, JOHN M			
STREET ADDRESS	1701 GULFSTREAM AVE., APT. 727			
CITY-ST-ZIP	FORT PIERCE, FL 349493542			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME		•		
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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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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