

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000004463

1. Entity Name

ROSALIE J. MCGRANE PROPERTIES, LLC



Principal Place of Business

**125 W. GRIGGS AVE.
LAS CRUCES NM 88001**

Mailing Address

**125 W. GRIGGS AVE.
LAS CRUCES NM 88001**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-1768650

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR Delete
NAME: LOPEZ, EDGAR
STREET ADDRESS: 125 W. GRIGGS AVE.
CITY-ST-ZIP: LAS CRUCES NM 88001

Change Addition
U00000645288
03/02/07-80078-003 250.00

TITLE: MGR Delete
NAME: FULLER, TABATHA
STREET ADDRESS: 125 W. GRIGGS AVE.
CITY-ST-ZIP: LAS CRUCES NM 88001

Change Addition

TITLE: MGR Delete
NAME: FRIETZE, JOSE V
STREET ADDRESS: 1320 S. SOLANO DRIVE
CITY-ST-ZIP: LAS CRUCES NM 88001

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/30/07

Date

505 524 7756

Daytime Phone #