

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000003207

1. Entity Name
MISIOROWSKI PROPERTIES, LLC



Principal Place of Business
**23352 CALIFA STREET
WOODLAND HILLS, CA 91367**

Mailing Address
**23352 CALIFA STREET
WOODLAND HILLS, CA 91367**

FILED
Jun 16, 2008 08:00 AM
Secretary of State



06112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2799710	Applied For 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

**WALKER, BARNES
3119 MANATEE AVE., WEST
BRADENTON, FL 34205**

**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 reconstituting)

DATE

**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	MGRM
NAME	MISIOROWSKI, JAMES
STREET ADDRESS	23352 CALIFA STREET
CITY-ST-ZIP	WOODLAND HILLS, CA 91367

TITLE	MGRM
NAME	MISIOROWSKI, MARILYN
STREET ADDRESS	23352 CALIFA STREET
CITY-ST-ZIP	WOODLAND HILLS, CA 91367

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U000000953172
06/16/08-80002-017 138.75

**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:

Marilyn Misiorowski **Marilyn Misiorowski**

6/13/08

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

Date

Daytime Phone #