

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90205 045 ****50.00

DOCUMENT # M06000002647					
1. Entity Name PORCUPINE PROPERTIES LLC					
Principal Place of Business 11540 HIGHWAY 92 EAST SEFFNER, FL 33584			Mailing Address 11540 HIGHWAY 92 EAST SEFFNER, FL 33584		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01112007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-4384888	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BEYER, DAVID A C/O DLA PIPER RUDNICK GRAY CARY US LLP 101 E. KENNEDY, STE 2000 TAMPA, FL 33602			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR : SEAMAN, JEFFREY 400 PERIMETER CENTER TERRACE, SUITE 800 ATLANTA, GA 30346	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEWIS STEIN 11540 HIGHWAY 92 EAST SEFFNER, FL 33584	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETER WEITZNER 400 Perimeter Center Terrace NE, Suite 800 ATLANTA, GA 30346	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY FINKEL 400 Perimeter Center Terrace NE, Suite 800 ATLANTA, GA 30346	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. Michael Kelle 400 Perimeter Center Terrace NE, Suite 800 ATLANTA, GA 30346	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMIE STEER 11540 HWY 92 EAST SEFFNER, FL 33584	<input type="checkbox"/> Change <input checked="" 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: _____ LEWIS STEIN - PRES 1/26/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					