

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90255 007 ***138.75

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**

50006755



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-4384888

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
STEIN, LEWIS
11540 HIGHWAY 92 EAST
SEFFNER, FL 33584** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
STEER, JAMIE
11540 HIGHWAY 92 EAST
SEFFNER, FL 33584** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SHEER, JAMIE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WIETZNER, PETER
400 PERIMETER CENTER TERR NE SUITE 800
ATLANTA, GA 30346** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FINKEL, JEFFREY
400 PERIMETER CENTER TERR NE SUITE 800
ATLANTA, GA 30346** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
KETTLE, J MICHAEL
400 PERIMETER CENTER TERR NE SUITE 800
ATLANTA, GA 30346** ☐ Delete

TITLE
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 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:

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

Date

Daytime Phone #

[Signature] **DS** / **Lewis Stein** **4/21/08**