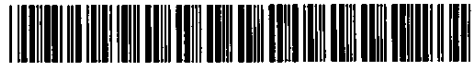


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**


01-08-2007 90246 004 \*\*\*150.00

40000123



**DOCUMENT # P98000009000**

1. Entity Name  
 LITHIA PROPERTIES, INC.



Principal Place of Business  
 2240 LITHIA CENTER LANE  
 VALRICO, FL 33594

Mailing Address  
 P O BOX 1592  
 BRANDON, FL 33509

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

01032007 Chg-P CR2E034 (12/06)

4. FEI Number  
 59-3496284 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MCDERMOTT, MICHAEL J  
 791 W LUMSDEN ROAD  
 BRANDON, FL 33511

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	BURLEY, B M	
STREET ADDRESS	2240 LITHIA CENTER LANE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAZBOUR, TALAL	
STREET ADDRESS	1326 E LUMSDEN ROAD	
CITY-ST-ZIP	BRANDON, FL 33571	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAZBOUR, TAREK	
STREET ADDRESS	1326 E LUMSDEN ROAD	
CITY-ST-ZIP	BRANDON, FL 33571	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, DAVID D	
STREET ADDRESS	P.O. BOX 6302	
CITY-ST-ZIP	BRANDON, FL 33508	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, THOMAS A	
STREET ADDRESS	P.O. BOX 2150	
CITY-ST-ZIP	BRANDON, FL 33509	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33511	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33571	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosemarie Fasjo-Burley 1-3-07 813/689-2015  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #