2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2006 08:00 AM **DQCUMENT # 374639 Secretary of State** 1. Entity Name LIMITED PROPERTIES, INC. Principal Place of Business Mailing Address 2352 HARN BLVD. 2352 HARN BLVD. P. O. BOX 4946 CLEARWATER FL 34618-1946 P. O. BOX 4946 CLEARWATER FL 34618-1946 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-1309692 Not Applicable Z)p Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURNS, JAMES F Street Address (P.O. Box Number is Not Acceptable) 2352 HARN BLVD. BOX 4946 **CLEARWATER FL 34618-1946** City 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 accerthe obligations of registered agent SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May & 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Oelete RRFChange Addition U00000413644 02/11/06-80004-002 150.00 NAME BURNS, JAMES F NAME STREET ADDRESS 2352 HARN BLVD. STREET ADDRESS CITY - ST- ZIP CLEARWATER FL 33764 CITY-ST-ZIP A Addition TITLE Defete TITLE Change MAME BURNS, ESTELLA L. MARKE STREET ADDRESS 2352 HARN BLVD. STREET ADDRESS CITY - ST- ZIP CLEARWATER FL 33764 CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Additi NAME NAME STRLET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ______A,,,,,, TITLE ☐ Delete WILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Ada NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP une ☐ Delete TITLE [] Change ☐ Ari NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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 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 direct 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPES

1-26-06

FILED