

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009092

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: COURTNEY PROPERTIES, L.L.C.

## Current Principal Place of Business:

7206 SW 59TH AVE  
SOUTH MIAMI, FL 33143 US

## New Principal Place of Business:

2199 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

7206 SW 59TH AVE  
SOUTH MIAMI, FL 33143 US

## New Mailing Address:

2199 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134 US

FEI Number: 65-1032477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COURTNEY, HENRY T  
7206 SW 59TH AVENUE  
SOUTH MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

COURTNEY, HENRY T  
2199 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: HENRY T. COURTNEY

04/27/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: COURTNEY, HENRY T  
Address: 7206 SW 59TH AVE  
City-St-Zip: SOUTH MIAMI, FL 33143

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: COURTNEY, HENRY T  
Address: 2199 PONCE DE LEON BLVD., SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HENRY T. COURTNEY

MGR.

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date