2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000010142

1. Entity Name
ARCADIA PROPERTIES, LLC



Principal Place of Business

405 CENTRAL AVENUE, STE 100-B ST. PETERSBURG, FL 33701 Mailing Address

405 CENTRAL AVENUE, STE 100-B ST. PETERSBURG, FL 33701 20041904



FILED

May 01, 2006 8:00 am Secretary of State

05-01-2006 90082 047 ****50.00

DO NOT WRITE IN THIS SPACE

03272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3704322

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, BRUCE S 500 EAST KENNEDY BOULEVARD, SUITE 101-A TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered	d office or registered agent, or both, in the S	tate of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM MCCLURE, J. RICHARD 405 CENTRAL AVENUE, STE 100-B ST PETERSBURG, FL			
THILE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARVEY, WILLIAM 166 SW CASSINE STREET PALM CITY, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS			•	

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: SIGNATURE AND TYPED OR PRINTED NAME OF BIGMING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

TIME

727-821-0170

Daytime Phone #