


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000033238**  
 1. Entity Name  
**LVN PROPERTY MANAGEMENT, L.L.C.**



Principal Place of Business      Mailing Address  
**8010 FIRENZE BOULEVARD**      **8010 FIRENZE BOULEVARD**  
**ORLANDO, FL 32836**      **ORLANDO, FL 32836**

**DO NOT WRITE IN THIS SPACE**



04132006No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**NGUYEN, MARY T. MAI**  
**8010 FIRENZE BOULEVARD**  
**ORLANDO, FL 32836**

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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)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NGUYEN, MARY T. MAI 8010 FIRENZE BOULEVARD ORLANDO, FL 32836
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 04/29/06-80129-008 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Mary T. Mai*      04/10/06 (407) 396-1668  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #