2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90029 012 ****50.00

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1. Entity Name
JUEL PROPERTIES, LLC

20029139

01132006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
~~6 SIMON HAPGOOD LANE~~	~~6 SIMON HAPGOOD LANE~~
~~CONCORD, MA 01742~~	~~CONCORD, MA 01742~~

2. Principal Place of Business	3. Mailing Address
635 Summer Grass Ln	635 Summer Grass Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Roswell GA	City & State: Roswell GA
Zip: 30075 Country: USA	Zip: 30075 Country: USA

4. FEI Number: 38-3690635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SPECHT, LISA A
C/O GRAY, HARRIS & ROBINSON, P.A.
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801

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

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	MAGUIRE, JUDITH A		NAME	Maguire, Judith A.	
STREET ADDRESS	6 SIMON HAPGOOD LANE		STREET ADDRESS	635 Summer Grass Lane	
CITY-ST-ZIP	CONCORD, MA 01742		CITY-ST-ZIP	Roswell GA 30075	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	BISHOP, L. ELLEN		NAME	Ellen B. Little	
STREET ADDRESS	5 SPRING HILL ROAD		STREET ADDRESS	5 Spring Hill Road	
CITY-ST-ZIP	CONCORD, MA 01742		CITY-ST-ZIP	Concord MA 01742	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] Judith A Maguire 4-10-06 770-755-5498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #