## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L04000017233

1. Entity Name FERRARO PROPERTIES, LLC



**FILED** Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business 5732 SUMMERALL ROAD JACKSONVILLE, FL 32216-5903 US Mailing Address

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P.O. BOX 550506

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JACKSONVILLE, FL 32255-0506 US



01042006 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number 20-0847653	 Applied For Not Applicable
5.	Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRARO, AMY E 11187 SCHOONER COURT JACKSONVILLE, FL 32225		DO NOT WRITE IN THIS SPACE		
8. The above the obligation SIGNATURE.	tions of registered agent.	anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
F	Signature, typed or printed name of registered egent and title if applicable.  Illing Fee is \$50.00 tue by May 1, 2006	(NOTE, Registered Agent signazura required when reinstating)  CATE		
9.	MANAGING MEMBERS/MANAGERS			
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRARC, ALBERT JJR 11187 SCHOONER COURT JACKSONVILLE, FL 32225	A service of the control of the cont		
TUTLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRARO, AMY E 11187 SCHOONER COURT JACKSONVILLE, FL 32225	U00000531021 05/06/06-80023-004 50,00		
TITLE HAME STREET ADDRESS CITY-ST-ZIP	JACKSONVIELE, FL 32225	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE HAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby o	certify that the information supplied with this filling 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 llability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

904-641-7634