


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # L04000041387  
 1. Entity Name  
 CODIE PROPERTIES, LLC



Principal Place of Business P.O. BOX 2016 OLDSMAR, FL 34677-2016	Mailing Address P.O. BOX 2016 OLDSMAR, FL 34677-2016
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**DO NOT WRITE IN THIS SPACE**



02142006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1332128	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  
 MCNAMARA, THOMAS P  
 2909 BAY TO BAY BLVD., SUITE 309  
 TAMPA, FL 33629

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIEHL, RONALD L P.O. BOX 2016 OLDSMAR, FL 346772016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMAR, DAVID P.O. BOX 2016 OLDSMAR, FL 346772016
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 02/28/06-80067-016 50.00

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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:  DATE: 2/14/06 DAYTIME PHONE #: 813-855-4074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #