
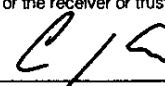


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

05-26-2006 90128 024 \*\*\*\*50.00

|  |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>DOCUMENT # L04000059253</b>   |  |  |   |                |   |
| 1. Entity Name<br><b>AMATRUDI PROPERTIES LLC</b>   |  |  |   |   |   |
| Principal Place of Business<br><b>4868 S W HAMMOCK CREEK DR<br/>PALM CITY, FL 34990</b>  |  |  | Mailing Address<br><b>4868 S W HAMMOCK CREEK DR<br/>PALM CITY, FL 34990</b> |   |   |
| 2. Principal Place of Business   |  | 3. Mailing Address<br><b>POST OFFICE BOX 1289</b>            |   |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |   |
| City & State   |  | City & State<br><b>PALM CITY, FLORIDA 34991</b>              |   | 4. FEI Number<br><b>NOT APPLICABLE</b>  |   |
| Zip  |  | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |
| Zip<br><b>34991</b>  |  | Country<br><b>USA</b>  |   | <b>05192006 Chg-LLC CR2E083 (11/05)</b>   |   |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent                                 |   |   |
| <b>AMATRUDI, ANTHONY J<br/>4868 S W HAMMOCK CREEK DR<br/>PALM CITY, FL 34990</b>   |  |  | Name  |   |   |
|  |  |  | Street Address (P.O. Box Number is Not Acceptable)                          |   |   |
|  |  |  | City  |   |   |
|  |  |  | <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |   |   |
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>AMATRUDI, ANTHONY J<br/>4868 S W HAMMOCK CREEK DR<br/>PALM CITY, FL 34990</b> | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |  |  |   |   |   |
| <b>SIGNATURE:</b>   |  | <b>5-20-06</b>   |   | <b>(772) 370-6041</b>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Date   |   | Daytime Phone #   |   |

# ATTACHMENT

20046655

AMATRUDI PROPERTIES LLC  
Post Office Box 1289  
Palm City, Florida 34991  
May 24, 2006

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, Florida 32301

**Out via Federal Express 5-24-06**  
**AirBill #8574-7959-8991**

**SUBJECT: 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**  
**DOCUMENT #L04000059253 AMATRUDI PROPERTIES LLC**

Dear Sir:

The 2006 Annual Report for the above Document number is enclosed with our check #1301 in the amount of \$50.00

We are aware this report was due 5-1-06, however, we request a waiver of late fee as the renewal notice was not received for 2006 year. Delivery problems arose with mail being left at the physical address you currently have on file. The 2006 renewal Annual Report notice was an item never received at that physical street address. For security reasons, we were forced to change the physical street address (you currently have on file for mailings) to a U.S. post office box (noted above and also indicated in Box #3 of the enclosed 2006 Annual Report).

Due to the above circumstances, we respectfully request your waiving any resulting late fees. Should there be need for further discussion, please contact me at:  
PHONE: (772) 370-6041

Any correspondence should be directed to the above post office box; also indicated in Box #3 of the enclosed 2006 Annual Report Form.

Thank you for your consideration in this matter.

Sincerely,

AMATRUDI PROPERTIES, LLC



Anthony J. Amatrudi, Manager