


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-09-2006 90010 047 ****50.00

DOCUMENT # L05000068230

1. Entity Name
PATRIOTIC PROPERTIES, LLC



Principal Place of Business
**C/O MICHAEL A. ZOTTO
 3025 POINTVIEW DR.
 TAMPA, FL 33611-5344**

Mailing Address
**C/O MICHAEL A. ZOTTO
 3025 POINTVIEW DR.
 TAMPA, FL 33611-5344**

30011147



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
2954 S. SHEPHERD GLEN
 Suite, Apt. #, etc.

05012006 Chg-LLC CR2E083 (11/05)

City & State
WICHITA FALLS TX

4. FEI Number
14-1966983

Applied For
 Not Applicable

Zip
76308

Country
WICHITA FALLS

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

6. Name and Address of Current Registered Agent
**ZOTTO, MICHAEL A
 3025 POINTVIEW DR.
 TAMPA, FL 33611-5344**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZOTTO, MICHAEL A 3025 POINTVIEW DR. TAMPA, FL 336115344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZOTTO, CHRISTINA D 3025 POINTVIEW DR. TAMPA, FL 336115344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michael A. Zotto* **1 May 06** **940 782 0959**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #