

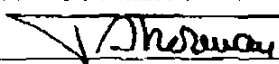


FILED
Jun 22, 2006 8:00 am
Secretary of State

5/4/

05-04-2006 90018 049 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000079251			
1. Entry Name DATA PROPERTIES, LLC			
Principal Place of Business 8202 SOUTHWEST 85 TERRACE MIAMI, FL 33143		Mailing Address 8202 SOUTHWEST 85 TERRACE MIAMI, FL 33143	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Fil Number 20-331825		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AKERMAN, FERNANDO 8202 SOUTHWEST 85 TERRACE MIAMI, FL 33143		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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: 		FERNANDO M. AKERMAN 4/27/06	
Signature typed or printed name of registered agent and their address		(NOTE: Registered Agent signature required when re-registering)	
DATE		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	AKERMAN, FERNANDO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKERMAN, FERNANDO	NAME	
STREET ADDRESS	8202 SOUTHWEST 85 TERRACE	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33143	CITY-STATE-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACHEEN SULIGOJ, VIVIANA	NAME	
STREET ADDRESS	8202 SOUTHWEST 85 TERRACE	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33143	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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: 		FERNANDO AKERMAN 4/27/06	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date	



Sachs & Focaracci, P.A.
Certified Public Accountants

ATTACHMENT

June 19, 2006

30011013
#L05000079251

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: Data Properties, LLC
TIN: 20-3311825

Dear Sir or Madam:

In response to your letter dated May 17, 2006, enclosed is a copy of Data Properties, LLC's 2006 Limited Liability Company Annual Report.

We have made the necessary additions, the Federal Employer Identification number, in order for the report to be filed on time.

Thank you for your immediate attention on this matter.

Very truly yours,

SACHS & FOCARACCI, P.A.



Karl M. Sachs, CPA

KMS/jlm

Enclosure

cc: Data Properties, LLC

Members of American and Florida Institutes of Certified Public Accountants