


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

|   |  |                                 |  |   |  |
|---|--|---------------------------------|--|---|--|
| <b>DOCUMENT # L04000044494</b>  |  |                                 |  |  |  |
| <b>1. Entity Name</b><br>ANDREWS PROPERTIES, LLC  |  |                                 |  |   |  |
| <b>Principal Place of Business</b><br>1509 SHADWELL CIRCLE<br>LAKE MARY, FL 32746   |  |                                 | <b>Mailing Address</b><br>1509 SHADWELL CIRCLE<br>LAKE MARY, FL 32746      |   |  |
| <b>2. Principal Place of Business</b>   |  |                                 | <b>3. Mailing Address</b>  |   |  |
| Suite, Apt. #, etc.   |  |                                 | Suite, Apt. #, etc.  |   |  |
| City & State  |  |                                 | City & State   |   |  |
| Zip   |  | Country                         |  | Zip   |  |
| Country   |  | Country                         |  | Country   |  |
| <b>4. FEI Number</b><br>02062006 Chg-LLC CR2E083 (11/05)<br>20-2716157  |  |                                 |  |   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |                                 |  |   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |                                 |  | <b>7. Name and Address of New Registered Agent</b>                                |  |
| KANE, STEVEN H<br>557 NORTH WYMORE ROAD, SUITE 100<br>MAITLAND, FL 32751  |  |                                 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                |  |
| FL  |  |                                 |  | Zip Code  |  |
| <b>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.</b>  |  |                                 |  |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)   |  |                                 |  |   |  |
| Signature, typed or printed name of registered agent and title if applicable.   |  |                                 |  |   |  |
| DATE  |  |                                 |  |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2006</b>   |  |                                 | <b>Make check payable to Florida Department of State</b>                   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                                 | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGR<br>ANDREWS, WALLACE W<br>1509 SHADWELL CIRCLE<br>LAKE MARY, FL 32746 | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |  | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | 000000459281<br>03/18/06-80028-001 50.00 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |  | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |  | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |  | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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> |  |                                 |  |   |  |
| <b>SIGNATURE:</b> <u>Wallace W. Andrews</u>   |  |                                 | 2/4/06 407-423-3310  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |                                 | Date Daytime Phone #   |   |  |