
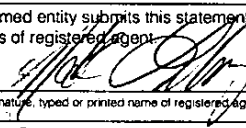
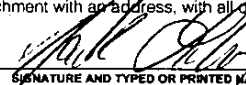


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90190 049 ***150.00

| | | | |
|--|--|---|---|
| DOCUMENT # F03000005478 | |  | |
| 1. Entity Name LINEBERRY PROPERTIES, INC. | | | |
| Principal Place of Business 116 LINEBERRY BLVD. MT. JULIET, TN 37122 | | Mailing Address 116 LINEBERRY BLVD. MT. JULIET, TN 37122 | |
| 2. Principal Place of Business | | 3. Mailing Address P.O. Box 1767 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Mt. Juliet, TN | |
| Zip | Country | Zip | Country |
| | | 37122 | USA |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| KAPLAN, JEFFREY L 655 WEST MORSE BLVD., STE. 212 WINTER PARK, FL 32789 | | Name D. Mark Lineberry | |
| | | Street Address (P.O. Box Number is Not Acceptable) 215 Celebration Place, Suite 190 | |
| | | City Celebration FL Zip Code 34747 | |
| 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 1/9/06 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$150.00 - After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LINEBERRY, DEWEY L 116 LINEBERRY BLVD. MT. JULIET, TN 37122 <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 | DVP LINEBERRY, D. MARK 116 LINEBERRY BLVD. MT. JULIET, TN 37122 <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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | Date 1/9/06 Daytime Phone # 615-758-5836 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |



01082006 Chg-P CR2E034 (11/05)

4. FEI Number **62-1064301** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required