## FILED Apr 28, 2006 08:00 A Secretary of State

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L000000000 1. Entity Name GARAPROPERTIES, LLC	354	
Principal Place of Business 625 N. FLAGLER DR. 9TH FLOOR WEST PALM BEACH, FL. 33401	Mailing Address 625 N. FLAGLER DR, 9TH FLOX 12798 FOREST HILL BLVD., ST WEST PALM BEACH, FL 33401	£, <b>20</b> 2 {
DO NOT WRITE		04202006No Chg-LLC CR2E083 (11/05)
6. Name and Address of Current R LYNCH, FRANCIS 825 N. FLAGLER DR., 9TH FLOOR WEST PALM BEACH, FL 33410	egistered Agent	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Squates, speed a preted name of registered agent or  Filling Fee is \$50.00  Due by May 1, 2006		ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept of State of Florida. I am familiar with, and accept of State of Florida. I am familiar with, and accept of State of Florida. I am familiar with, and accept of State of Florida. I am familiar with, and accept of State of Florida. I am familiar with, and accept of State of Florida. I am familiar with, and accept of State of Florida. I am familiar with, and accept of State of Florida. I am familiar with, and accept of State of Florida. I am familiar with, and accept of State of Florida.
TITLE MGR HANSEN, H.C. UGILT CH-8126 ZUMIKON, SWITZERLAND,  TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS/MANAGERS	U88008541818 85/10/06-80874-884 58.88
TRILE NAME STRICET ADDRESS CITY-ST-ZEP TRILE NAME STRIET ADDRESS CITY-ST-ZEP		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP		
11. I hereby certify that the information supplied will indicated on this report is true and accurate and limited flability company or life received. I trust SIGNATURE:		Remptions contained in Chapter 119, Florida Statutes. I turther certify that the information me legal effect as if made under ceth, that I am a managing member or manager of the as required by Chapter 608, Florida Statutes.  April 20, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF	"SIGNING MANAGING MEMBER, OR AUTHORIZ	ED REPRESENTATIVE Date Daytime Phone