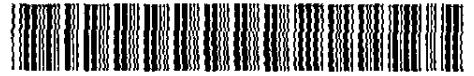


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000007558 1. Entity Name SUHAR PROPERTIES, L.L.C.					
Principal Place of Business 3514 SW ARMELLINI AVE. APT. #1 PALM CITY FL 34990			Mailing Address PO BOX 101 PALM CITY FL 34991		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1032635	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOWERY, HARRIS R III 916 ST. LUCIE CRESCENT STUART FL 34994				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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	☐ Delete	TITLE		
NAME	LOWERY, HARRIS R III		NAME		
STREET ADDRESS	P.O. BOX 101		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34991		CITY-ST-ZIP		
10. ADDITIONS/CHANGES					
			☐ Change ☐ Add		
			☐ Change ☐ Add		
			☐ Change ☐ Add		
			☐ Change ☐ Add		
			☐ Change ☐ Add		
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			☐ Change ☐ Add		
			☐ Change ☐ Add		



1st MOORE CR2E083 (10/05)

4. FEI Number **65-1032635**
 5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		
NAME	LOWERY, HARRIS R III		NAME		
STREET ADDRESS	P.O. BOX 101		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34991		CITY-ST-ZIP		
			☐ Change ☐ Add		
			☐ Change ☐ Add		
			☐ Change ☐ Add		
			☐ Change ☐ Add		
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			☐ Change ☐ Add		
			☐ Change ☐ Add		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Janis Ronge* 1/24/06 (772) 287-4076