

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003617

FILED
Apr 27, 2006
Secretary of State

Entity Name: PROCOPIO PROPERTIES, L.L.C.

Current Principal Place of Business:

6902 CREEK DRIVE WEST
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

6902 CREEK DRIVE WEST
TAMPA, FL 33604

New Mailing Address:

FEI Number: 14-1903116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROCOPIO, SALVATORE
6902 CREEK DRIVE WEST
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

PROGRESSIVE ACCOUNTING SOLUTIONS, P.A.
1554 S FT HARRISON AVE
CLEARWATER, FL 33756 US

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.

SIGNATURE: SHERRY BOWERS

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PROCOPIO, SALVATORE
Address: 6902 CREEK DRIVE WEST
City-St-Zip: TAMPA, FL 33615

Title: MGRM (X) Delete
Name: PROCOPIO, JOSEPH
Address: 6902 CREEK DRIVE WEST
City-St-Zip: TAMPA, FL 33615

Title: MGRM () Delete
Name: PROCOPIO, LIBERATA
Address: 6902 CREEK DRIVE WEST
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SALVATORE PROCOPIO

MGRM

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date