2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90044 019 ****50.00

ANNUAL REPORT					Secretary of State					
DOCUMENT # L01000004596 1. Entity Name						04-17-2006	•			
	PROPERTIES,LLC									
	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·							
512 N. MAGI OCALA FL 3	NOLIA AVE 14475	512 N. MAGNO lia ave Ocala , f e 34475								
									ST I IN 1 11 1	
2. Principal Place of Business 2340 SE 34 5+.		3. Mailing Address 2340 SE 34 ST		-						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02232006	Chg-LLC	CR2E08	3 (11/05)		
City & State Ocala , FL		City & State FC			4. FEI Number Applied For 59-3706032 Not Applicab					
Zip 3447	Country . U.S.A	Zip 34471	Country USA		5. Certificate	of Status Desired		5.00 Add ee Require		
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New	Registered Ag	gent		
WALTON, JIMMY D				Name Street Address (P.O. Box Number is Not Acceptable)						
OCALA, F	GNOLIA AVÉ L 34475		Street	doress (F	r.O. BOX NUMBE	r is Not Acceptati				
	a		City					Zip Code		
The above named entity submits this statement for the purpose of changing its reg				r registere	ed agent, or bot	h, in the State of F	FL lorida. I am fa	<u> </u>		
	ions of registered agent.			Ū	•					
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: f	Registered Agent signa	ture required	when reinstating)		DATE			
		1								
	iling Fee is \$50.00 ue by May 1, 2006						ke check pa la Departme	_		
	ue by May 1, 2006 MANAGING MEMBER		10.			Florid	ke check pay	_	•	
D	ue by May 1, 2006			MGRY	и	ADDITIONS	ke check pa la Departme	_	Addition	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM WALTON, LOUISE B 2340 SE 34TH ST	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	MGRY Walto	n Timmy SE 34th	ADDITIONS P.	ke check pa la Departme	nt of State		
9. TITLE NAME	MANAGING MEMBER MGRM WALTON, LOUISE B	RS/MANAGERS	10. TITLE NAME	MGRY Walto	и	ADDITIONS P.	ke check pay la Departmet	nt of State		
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP	MANAGING MEMBER MGRM WALTON, LOUISE B 2340 SE 34TH ST	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRY Walto	n Timmy SE 34th	ADDITIONS P.	ke check pay la Departmet	nt of State	⊠ Addition	
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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.

SIGNATURE: Laure B. Walton - Louise B. Walton - MGRM 4-15-06 (352)622-2252
SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date Dayline Phone >