



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90044 019 \*\*\*\*50.00

<b>DOCUMENT # L01000004596</b> 1. Entity Name <b>L AND L PROPERTIES, LLC</b>					
Principal Place of Business <b>512 N. MAGNOLIA AVE</b> <b>OCALA, FL 34475</b>			Mailing Address <b>512 N. MAGNOLIA AVE</b> <b>OCALA, FL 34475</b>		
2. Principal Place of Business <b>2340 SE 34 ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2340 SE 34 ST</b> Suite, Apt. #, etc.			
City & State <b>Ocala, FL</b>		City & State <b>Ocala, FL</b>		4. FEI Number <b>59-3706032</b>	
Zip <b>34471</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WALTON, JIMMY D</b> <b>512 N MAGNOLIA AVE</b> <b>OCALA, FL 34475</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>WALTON, LOUISE B</b> <b>2340 SE 34TH ST</b> <b>OCALA, FL 34471</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Walton, Jimmy D.</b> <b>2340 SE 34th St</b> <b>Ocala FL 34471</b>	<input type="checkbox"/> Change <input checked="" 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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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.					
<b>SIGNATURE: Louise B. Walton - Louise B. Walton - MGRM</b>			<b>4-15-06 (352) 622-2252</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		