2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005296

AGLIANO, DAVID

TAMPA, FL 33629

1511 SHERIDAN FOREST

Name:

Address:

City-St-Zip:

Entity Name: WILLOW STREET PROPERTIES, LLC

FILED Jan 04, 2006 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
5002 NOR TAMPA, FI	TH HOWARD L 33603	AVE.			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
5002 NOR TAMPA, FI	TH HOWARD L 33603	AVE.			
FEI Number:	59-3717661	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
AGLIANO, SAM 5002 N HOWARD AVENUE TAMPA, FL 33603 US			5002 N HOWARD	AGLIANO, FRANK 5002 N HOWARD AVENUE TAMPA, FL 33603 US	
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its regist	ered office or registered agent, or both	
SIGNATURE: FRANK AGLIANO				01/04/2006	
	Electron	ic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () AGLIANO, SAM 3612 MULLEN TAMPA, FL 33	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () AGLIANO, FRA 45 SPANISH M TAMPA, FL 33	AIN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () RIVAS, SARAH 4510 WATROU TAMPA, FL 33		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGRM ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: FRANK AGLIANO MGR 01/04/2006