

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007622

FILED
Mar 08, 2006
Secretary of State

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

Current Principal Place of Business:

5399 EAST HWY 30-A
SUITE C-253
SEAGROVE BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

5399 EAST HWY 30-A
SUITE C-253
SEAGROVE BEACH, FL 32459

New Mailing Address:

FEI Number: 03-0424102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMICH, KEVIN M ESQ.
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 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: KEVIN M. HELMICH

03/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, LINDA
Address: 5399 EAST HWY 30-A
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: MGRM () Delete
Name: EZELL, SEAN C
Address: 5399 EAST HWY 30-A
City-St-Zip: SEAGROVE BEACH, FL 32459

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MILLER, LINDA
Address: 5399 EAST HWY 30-A
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: MGR (X) Change () Addition
Name: EZELL, SEAN C
Address: 5399 EAST HWY 30-A
City-St-Zip: SEAGROVE BEACH, FL 32459

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: LINDA MILLER

MGR

03/08/2006

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