

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90040 013 ****50.00

DOCUMENT # L01000017245

1. Entity Name
MASSAPEQUA PROPERTIES, LLC



Principal Place of Business
**10381 SW 74TH COURT
OCALA, FL 34476**

Mailing Address
**10381 SW 74TH COURT
OCALA, FL 34476**

2. Principal Place of Business
10371 S.W. 74 COURT

3. Mailing Address
P.O. Box 770303

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCALA, FLORIDA

City & State
OCALA, FLORIDA

Zip
34476

Country
MARION

Zip
34477-0303

Country
MARION

02262006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3754754

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TROW, CHESTER J
21 NORTH MAGNOLIA AVENUE, SECOND FLOOR
OCALA, FL 34475**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MILES, DONALD**
STREET ADDRESS **10381 SW 74TH COURT**
CITY-ST-ZIP **OCALA, FL 34476**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **DONALD S. MILES**
STREET ADDRESS **10371 S.W. 74 COURT**
CITY-ST-ZIP **OCALA, FLORIDA 34476**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DONALD S. MILES

4/12/06

Date

Daytime Phone #

352-237-6260