

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018110

FILED  
Apr 27, 2006  
Secretary of State

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

## Current Principal Place of Business:

12500 WORLD PLAZA LANE  
SUITE #1  
FORT MYERS, FL 33907

## New Principal Place of Business:

16520 S. TAMIAMI TRAIL  
SUITE #18-316  
FORT MYERS, FL 33908 US

## Current Mailing Address:

12500 WORLD PLAZA LANE  
SUITE #1  
FORT MYERS, FL 33907

## New Mailing Address:

16520 S. TAMIAMI TRAIL  
SUITE #18-316  
FORT MYERS, FL 33908 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLASP INC.  
3001 TAMIAMI TRAIL N., 4TH FLOOR  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ROBERTSON, SCOTT  
Address: 18151 OLD DOMINION CT.  
City-St-Zip: FORT MYERS, FL 33908

Title: MGR ( ) Delete  
Name: ROBERTSON, LESLEY  
Address: 18151 OLD DOMINION CT.  
City-St-Zip: FORT MYERS, FL 33908

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SCOTT ROBERTSON MGR 04/27/2006

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