

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 A
Secretary of State**

DOCUMENT # L01000020826

**1. Entity Name
MISSOURI PROPERTIES, L.L.C.**



Principal Place of Business

**1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756**

Mailing Address

**1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756**



01222006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
NOT APPLICABLE**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

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

**U000000403819
02/06/06-80023-008 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DOKKEN INVESTMENT LIMITED PARTNERSHIP
STREET ADDRESS	1245 COURT STREET STE 102
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	MGR
NAME	DOKKEN, LYLE
STREET ADDRESS	1245 COURT STREET STE 102
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Cheryl Young

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

1-23-06

Date

727-786-5334

Daytime Phone #