## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L01000021891**

1. Entity Name

SHENANDOAH PROPERTIES, LLC

FILED Apr 26, 2006 08:00 AN Secretary of State

Principal Place of Business

17499 MCGREGOR BOULEVARD FORT MYERS, FL 33908 Mailing Address

17499 MCGREGOR BOULEVARD FORT MYERS, FL 33908



DO NOT WRITE IN THIS SPACE

01162006 No Chg-LLC CR2E083 (11/05)

 4. FEI Number
 Applied For

 69-0005737
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NAUMANN, MARK C 17499 MCGREGOR BOULEVARD FORT MYERS, FL 33908

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered	office or registered agent, or bot	h, in the State of Florida	. I am familiar with, and accept	
SIGNATURE						
	Signature, typed or printed name of registered agent and tide if applicable. (NOTE. Registe		ed Agent signature required when reinstating)		DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAUMANN, MARK C 17499 MCGREGOR BOULEVARD FORT MYERS, FL 33908			U00000533521 05/06/06-80126-008 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLTON, RICHARD 17499 MCGREGOR BOULEVARD FORT MYERS, FL 33908					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WR	RITE	
TITLE NAME STREET ADDRESS CITY (ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-			
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11. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

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

4.25-06

Daytime Phone #