

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022623

Entity Name: AGS PROPERTIES, LLC

FILED  
Aug 10, 2006  
Secretary of State

**Current Principal Place of Business:**

8906 WINGED FOOT DR.  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

8906 WINGED FOOT DR.  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 01-0619581      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SELLERS, ANGELIKI  
8906 WINGED FOOT DR.  
TALLAHASSEE, FL 32312      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SELLERS, ANGELIKI  
Address: 8906 WINGED FOOT DR.  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES:**

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: ANGELIKI SELLERS

MGRM

08/10/2006

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