2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008009

Entity Name: FLORIDA PROPERTY SOLUTIONS, LLC

FILED Apr 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

46 WEST FLORIDA AVE 18107 NW COUNTY RD 239 P.O. BOX 1119 P.O. BOX 1119

ALACHUA, FL 32616 ALACHUA, FL 32616

Current Mailing Address: New Mailing Address:

P.O. BOX 1119 ALACHUA, FL 32616

FEI Number: 04-3632044 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KHURANA, MICHELE 18107 NW COUNTY RD 239 ALACHUA, FL 32615 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

Electronic dignature of registered rigent

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MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGRM (X) Change () Addition Name: KHURANA, MICHELE Name: KHURANA, MICHELE

 Address:
 18107 NW COUNTY RD 239
 Address:
 18107 NW COUNTY RD 239

 City-St-Zip:
 ALACHUA, FL 32615
 City-St-Zip:
 ALACHUA, FL 32615

Title: MGR () Delete Title: MGRM (X) Change () Addition

 Name:
 KHURANA, NAVEEN
 Name:
 KHURANA, NAVEEN

 Address:
 18107 NW COUNTY RD 239
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 City-St-Zip:
 ALACHUA, FL 32615
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 ALACHUA, FL 32615

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: MICHELE KHURANA MGRM 04/14/2006