

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90143 014 \*\*\*\*50.00

DOCUMENT # L02000009646

1. Entity Name  
MIKE SKINNER PROPERTIES, LLC



Principal Place of Business

221 CESSNA BLVD.  
DAYTONA BEACH, FL 32128 US

Mailing Address

221 CESSNA BLVD.  
DAYTONA BEACH, FL 32128 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082006 Chg-LLC CR2E083 (11/05)

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

4. FEI Number

05-0540404

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKINNER, ANGELA  
221 CESSNA BLVD.  
DAYTONA BEACH, FL 32128

Name

Street Address (P.O. Box Number is Not Acceptable)

PORT ORANGE, FL

City

FL

Zip Code

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 reinstating)

DATE

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME SKINNER, ANGELA  
STREET ADDRESS 1802 ROSCOE TURNER TRAIL  
CITY-ST-ZIP DAYTONA BEACH, FL 32128

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE MGRM ☐ Delete  
NAME SKINNER, MICHAEL  
STREET ADDRESS 1802 ROSCOE TURNER TRAIL  
CITY-ST-ZIP DAYTONA BEACH, FL 32128

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Mike Skinner*

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

*2/16/06*

Date

Daytime Phone #