2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000009652

1. Entity Name

GOVERNOR PROPERTY INVESTMENTS, LLC



FILED Jan 23, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3190 SW FOURTH AVENUE FORT LAUDERDALE, FL 33315 3190 SW FOURTH AVENUE FORT LAUDERDALE, FL 33315



01182006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0434607

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

			,,	
Name and Address of Current Registered Agent				
FRIESECKE, ARE 3190 SW FOURTH AVENUE FORT LAUDERDALE, FL 33315			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 site if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE	
FI	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIESECKE, ARE 3190 SW FOURTH AVENUE FORT LAUDERDALE, FL 33315		1100000394599 01726706-80016-015-50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIESECKE, FRANK 3190 SW FOURTH AVENUE FORT LAUDERDALE, FL 33315	. <u>. ,-</u> .	01/50/00-00010-012 20:00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE 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 eath; 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:

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

1-19-06 954-7631955

Daytime Phone #