2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000014430

1. Entity Name

G.L. WISSLER PROPERTIES, L.L.C.



FILED Jan 20, 2006 08:00 AM Secretary of State

Principal Place of Business

DI FOACY ACURT

Mailing Address

5515 SADDLEBACK COURT LADY LAKE, FL 32159 5515 SADDLEBACK COURT LADY LAKE, FL 32159



01152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WISSLER, GEORGE L 5515 SADDLEBACK COURT LADY LAKE, FL 32159

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LADY LAKE, FL 32159		IN THIS SPACE	
	named entity submits this statement for the purpose of challons of registered agent.	Inging its registered office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agem and title 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	. 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISSLER, GEORGE 1 5515 SADDLEBACK CT LADY LAKE, FL 32159		- -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA WISSLER, JENNIE L 5515 SADDLE BACK CT LADY LAKE, FL 32159	<u>-</u>	1100000342633 (11724706-80083-022 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS GRY-ST-ZIP			
TITLE			

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:

NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND THEED OR PRINTED WAKE OF SIGNING MAKAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #