

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000019602

1. Entity Name
FLIPPO PROPERTIES LLC



Principal Place of Business

**RALPH N FLIPPO
5764 DOGWOOD ROAD
PORT ORANGE, FL 32127**

Mailing Address

**RALPH N FLIPPO
5764 DOGWOOD ROAD
PORT ORANGE, FL 32127**



02132006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1556148

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLIPPO, RALPH N
5764 DOGWOOD ROAD
PORT ORANGE, FL 32127**

**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

Ralph N. Flippo

Signature, typed or printed name of registered agent and firm, if applicable

(NOTE: Registered Agent signature required when reinstating)

Feb 13, 2006

DATE

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

000000436124
02/27/06-80024-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FLIPPO, RALPH N
5764 DOGWOOD ROAD
PORT ORANGE, FL 32127**

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IN THIS SPACE**

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:

Ralph N. Flippo

Ralph N. Flippo

2/13/2006

1386
322-4930

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

Date

Daytime Phone #