2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 20, 2006 08:00 AN DOCUMENT # L02000020473 **Secretary of State** CIFERRI PROPERTIES, LLC Mailing Address Principal Place of Business 3353 GRAN PARK WAY 3353 GRAN PARK WAY STUART, FL 34997 STUART, FL 34997 CR2E083 (11/05) 01052006 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 05-0523391 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CIFERRI SR., MICHAEL F. DO NOT WRITE 3353 GRAN PARK WAY STUART, FL 34997 IN THIS SPACE anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this state the obligations of regis SIGNATURE (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR HILE CIFERRI, MICHAEL F SR. NAME STREET ADDRESS 3353 GRAN PARK WAY 100000393427 CITY-ST-ZIP STUART, FL 34997 01/25/06-80016-007 Sp. nn TITLE NAME STREET ADDRESS CITY-ST-ZIP TITE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1 [9, 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 property of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IME NAME STREET ADDRESS CITY-ST-ZIP

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