

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026208

FILED
Aug 02, 2006
Secretary of State

Entity Name: BRICK CITY PROPERTIES, LLC

Current Principal Place of Business:

111 S.W. 8TH STREET
OCALA, FL 34474

New Principal Place of Business:

611 SE 131 STREET
OCALA, FL 34480

Current Mailing Address:

111 S.W. 8TH STREET
OCALA, FL 34474

New Mailing Address:

P. O. BOX 1133
OCALA, FL 34478

FEI Number: 38-3662083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCKINNEY, JANINE K
111 S.W. 8TH STREET
OCALA, FL 34474 US

Name and Address of New Registered Agent:

DAVIS, LINDSEY
611 SE 131 STREET
OCALA, FL 34480 US

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.

SIGNATURE: LINDSEY DAVIS

08/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCKINNEY, JANINE
Address: 111 SW 8TH STREET
City-St-Zip: Ocala, FL 34474

Title: MGRM () Delete
Name: DAVIS, LINDSEY
Address: 611 SE 131ST ST
City-St-Zip: Ocala, FL 34480

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCKINNEY, JANINE
Address: 2601 SE 29 LANE
City-St-Zip: Ocala, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDSEY DAVIS

MGRM

08/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date