

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90227 049 ****50.00

DOCUMENT # L02000027446

1. Entity Name
CLOVERLEAF PROPERTIES, L.L.C.



Principal Place of Business
4881 NW 8TH AVE.
SUITE 2
GAINESVILLE, FL 32605

Mailing Address
4881 NW 8TH AVE.
SUITE 2
GAINESVILLE, FL 32605

40011802



2. Principal Place of Business

3. Mailing Address

PO Box 357010

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006 Chg-LLC CR2E083 (11/05)

City & State

City & State

GAINESVILLE FL

4. FEI Number
02-0649275

Applied For
Not Applicable

Zip

Country

Zip

32635

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRUEGER, SCOTT DAVID
2750 NORTHWEST 43RD STREET STE. 201
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRANNEN, JESSE C
4881 N.W. 8TH AVE. SUITE #2
GAINESVILLE, FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

2-14-06 352-224-2200