

ORIGINAL

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000030379

1. Entity Name
BADGER PROPERTIES, LLC



Principal Place of Business
C/O SAVE-ON AUTO PARTS
239 SOUTH DIXIE HIGHWAY
POMPAÑO BEACH, FL 33060

Mailing Address
C/O SAVE-ON AUTO PARTS
239 SOUTH DIXIE HIGHWAY
POMPAÑO BEACH, FL 33060



03112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3665094

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOGERMAN, RICHARD M
150 SOUTH PINE ISLAND, SUITE 130
PLANTATION, FL 33324

**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

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TURNER, ARTHUR
2700 NORTHEAST 10TH STREET
POMPAÑO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SHAFF, MARTIN
12312 N.W. 26TH STREET
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

000000474852
04/04/06-80040-015 50.00

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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

Martin Shaff

MARTIN SHAFF

3/17/06

954-941-0700

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

Date

Daytime Phone #