2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Feb 09, 2006 08:00 AM Secretary of State **DOCUMENT # L02000032011** CIRCLE-T PROPERTY MANAGEMENT L.L.C. Principal Place of Business Mailing Address PO BOX 801 9601 SW CITRUS BOULEVARD INDIAN TOWN, FL 34956 INDIAN TOWN, FL 34956 02052006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FLI Number Applied For 01-0756278 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSEN, BORIS DO NOT WRITE 150 SE 2ND AVENUE STE. 1200 MIAMI, FL 33131 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, typical or paritide name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MACHAN TITLE TROUP, WILLIAM J NAME STREET ADDRESS 9601 CITRUS BLVD INDIANTOWN, FL 34956 DTY-ST-7P MGRM ITLE NAME TROUP, LANCE K U00000427691 02/21/06-60018-015-58.00 STREET ADDRESS 924 S ALAHAMBRA CIRCLE CITY-ST-ZIP MIAMI, FL 33146 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP HAME STREET AUDRESS CITY-ST-ZUP TITLE NAME

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.

JRE: _____ WI WI MAN STORMER AND TYPED OR PRINTED NAME OF STUTION MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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FILED