

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90219 011 \*\*\*\*50.00

**DOCUMENT # L02000032241**

1. Entity Name  
FAF PROPERTIES, LLC



Principal Place of Business  
6411 PERSHING STREET NE  
ST. PETERSBURG, FL 33702

Mailing Address  
6411 PERSHING STREET NE  
ST. PETERSBURG, FL 33702 US



03102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1167715

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HEFTE, ANNA B  
6411 PERSHING STREET NE  
ST. PETERSBURG, FL 33702

**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  
WENCE, KEVIN M  
1938 76 PLACE N.  
SAINT PETERSBURG, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WENCE, CATHERINE E  
1938 76 PLACE N  
SAINT PETERSBURG, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HEFTE, ANNA B  
6411 PERSHING ST. NE  
SAINT PETERSBURG, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HEFTE, AARON D  
6411 PERSHING ST. NE  
SAINT PETERSBURG, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ROUNTREE, MICHAEL J  
6175 WOODROW WILSON BLVD. NE  
SAINT PETERSBURG, FL 33703

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ROUNTREE, NORA F  
6175 WOODROW WILSON BLVD. NE  
SAINT PETERSBURG, FL 33703

**DO NOT WRITE  
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: Nora Rountree **NORA ROUNTREE**

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

3/22/06 727-527-5915

Date

Daytime Phone #