## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # L03000001305**

1. Entity Name

**NEVILLE PROPERTIES, L.L.C.** 



Principal Place of Business

5895 US HWY 1

VERO BEACH, FL 32967

Mailing Address

PO BOX 7020

VERO BEACH, FL 32961

### FILED Mar 22, 2006 8:00 am Secretary of State

03-22-2006 90288 026 \*\*\*\*50.00



02152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
81-0597565		Not Applicable
	\$5.0	00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

William N. Kirk 979 BEACHLAND BLVD VERO BEACH, FL 32963



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	The above named entity submits this statement for the purpose of ch	nanging its registered office or registered agent, or both, in t	he State of Florida.	I am familiar with, and a	ccept
	the obligations of registered agent.				
	9.11.000	the transfer of the second		-//.	
SIC	the obligations of registered agent.  SNATURE William The Kerk	William N. Kirk		3/1/06	
Oit	300000000000000000000000000000000000000				

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

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEUTTELL, RICHARD C JR 5895 US HWY 1 VERO BEACH, FL 32967	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEUTTELL, VICTORIA M 5095-US HWY-1 676 US HWY 1 VERO BEACH, FL 82067 32962	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
11. I bereby certify that the information supplied with this filling does not qualify for the ex-		

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11. I hereby certify that the information supplied with this filling 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: Uchar UC Service Professor Printed NAME OF SIGNING MANAGING MEMBER, OR MUTHORIZED REPRESENTATIVE

Date

Date