
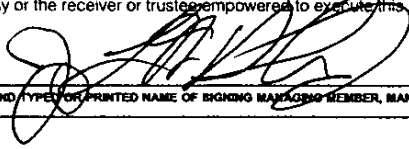


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90033 044 ****50.00

DOCUMENT # L03000008812 1. Entity Name HISTORIC FLORIDA PROPERTIES, LLC					
Principal Place of Business 801 EISENHOWER DRIVE KEY WEST, FL 33040			Mailing Address P.O. BOX 4101 KEY WEST, FL 33041		
2. Principal Place of Business 20879 Seventh Ave. W		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Cudjoe Key, FL		City & State 			
Zip 33042		Country Monroe		Zip 	
Country 		4. FEI Number 56-2375114			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCDANIEL, JERRY L III 801 EISENHOWER DRIVE KEY WEST, FL 33040					
7. Name and Address of New Registered Agent Name Jerry L. McDaniel III Street Address (P.O. Box Number is Not Acceptable) 20879 Seventh Ave. W. City Cudjoe Key FL Zip Code 33042					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDANIEL, III, JERRY L PO BOX 4101 KEY WEST, FL 33041	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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:  - President/Managing Member May 1, 2006 305-923-2271					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					