2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000009571

1. Entity Name

SYDAN PROPERTIES, LLC



Mailing Address

Principal Place of Business 5501 UNIVERSITY DRIVE

SUITE 101

CORAL SPRINGS, FL 33067

5501 UNIVERSITY DRIVE

SUITE 101

CORAL SPRINGS, FL 33067

US

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



01142006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1901543

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TRINKLER, MICHAEL A 55 C

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE

MAME

CITY-ST-ZIP mre

STREET ADDRESS CITY-ST-ZIP

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SUITE 101 CORAL SPRINGS, FL 33067		IN THIS SPACE	
8. The above the obliga	e named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
D	iling Fee is \$50.00 ue by May 1, 2006		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR TRINKLER, MICHAEL A 5501 UNIVERSITY DRIVE SUITE 101 CORAL SPRINGS, FL 33067		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			#90000393101 01725706-80006-018 50.00
TITLE	ĺ		· · · · · · · · · · · · · · · · · · ·

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STREET ADDRESS CITY- ST-ZIP 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.

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