


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90137 025 \*\*\*\*50.00

<b>DOCUMENT # L03000011666</b>	
1. Entity Name <b>IVANHOE PROPERTIES, LLC</b>	

Principal Place of Business <b>255 SOUTH ORANGE AVENUE, STE. 1700 ORLANDO, FL 32801</b>	Mailing Address <b>255 SOUTH ORANGE AVENUE, STE. 1700 ORLANDO, FL 32801</b>
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2. Principal Place of Business <b>420 South Orange Avenue</b>	3. Mailing Address <b>Post Office Box 231</b>
Suite, Apt. #, etc. <b>Suite 1200</b>	Suite, Apt. #, etc.
City & State <b>Orlando, Florida</b>	City & State <b>Orlando, Florida</b>
Zip <b>32801</b>	Country <b>USA</b>
Zip <b>32802-0231</b>	Country <b>USA</b>



01192006 Chg-LLC CR2E083 (11/05)


4. FEI Number <b>58-2667660</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CHRISTIANSEN, PATRICK T 255 SOUTH ORANGE AVENUE, STE. 1700 ORLANDO, FL 32801</b>	7. Name and Address of New Registered Agent Name <b>Patrick T. Christiansen</b> Street Address (P.O. Box Number is Not Acceptable) <b>420 South Orange Avenue, Suite 1200</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32801</b>
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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.	<b>2/27/06</b>
SIGNATURE 	DATE

Patrick T. Christiansen	Make check payable to Florida Department of State
Filing Fee is \$50.00 Due by May 1, 2006	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTIANSEN, PATRICK T 255 SOUTH ORANGE AVE., STE 1700 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M Patrick T. Christiansen 420 South Orange Avenue, Suite 1200 Orlando, Florida 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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:  <b>2/27/06</b> <b>407.423.4000</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>Patrick T. Christiansen</b>	