2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000013978

1. Entity Name

SLOANE PROPERTIES, LLC



Principal Place of Business

Mailing Address

P.O. BOX 2251

P.O. BOX 2251

PALM BEACH, FL 33480

PALM BEACH, FL 33480

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90084 007 ****50.00



04242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 11-3687466	Applied For Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SLOANE, SCOTT 1804-D NORTH DIXIE HWY WEST PALM BEACH, FL 33407

SIGNATURE

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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.				
SIGNATURE Signature, typed or printed name of registered agent and tibe 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	MGR SLOANE, SCOTT P.O. BOX 2251 PALM BEACH, FL 33480			
TITLE NAME STREET ADDRESS (CITY-ST-ZIP	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME 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 optrustee empowered to execute this report as required by Chapter 608, Florida Statutes.				

ED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE