


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000017568 1. Entity Name WORK DRIVE PROPERTIES, LLC	
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Principal Place of Business 7980 SUMMERLIN LAKES DRIVE, SUITE 201 C/O JAMES MCMENAMY FORT MYERS, FL 33907	Mailing Address 7980 SUMMERLIN LAKES DRIVE, SUITE 201 C/O JAMES MCMENAMY FORT MYERS, FL 33907
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03202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1695020	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCMENAMY, JAMES B
7980 SUMMERLIN LAKES DRIVE, SUITE 201
FORT MYERS, FL 33907

**DO NOT WRITE
IN THIS SPACE**

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 title 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	MGRM MCMENAMY, JAMES B TRUSTEE 7980 SUMMERLIN LAKES DRIVE, SUITE 201 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN KREMSKI, LLP 7800 UNIVERSITY POINT DRIVE FORT MYERS, FL 33907
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04/11/06-80004-002 50.00

**DO NOT WRITE
IN THIS SPACE**

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: 

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

Date

Overtime Phone #

3-26-6