2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 12, 2006 08:00 AM Secretary of State DOCUMENT # L03000025948 1. Entity Name C.B.S. PROPERTIES, LLC Principal Place of Business Mailing Address 13208 BLUE WATER COURT 13208 BLUE WATER COURT HUDSON, FL 34667 HUDSON, FL 34667 01072006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HINES, JAMES P DO NOT WRITE 315 S. HYDE PARK AVENUE **TAMPA, FL 33606** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstailing) לדינו 01/17/06-80034-001 50.00 Filing Fee is \$50.00 Due by May 1, 2006 9, MANAGING MEMBERS/MANAGERS MGRM TITLE SCHOULTZ, CAROLYN NAME STREET ADDRESS 13208 BLUE WATER CT. GMY-ST-ZIP HUDSON, FL 34667 an e NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CRY-ST- DP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling 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.

IC MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP