


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000031153  
 1. Entity Name  
 INLAND PROPERTIES, LLC



Principal Place of Business      Mailing Address  
 8985 STAR TULIP COURT      8985 STAR TULIP COURT  
 NAPLES, FL 34113      NAPLES, FL 34113

**DO NOT WRITE IN THIS SPACE**



04052006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
 20-0172704      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOGGATT, MICHAEL R  
 8985 STAR TULIP COURT  
 NAPLES, FL 34113

**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 *Michael R. Hoggatt*      *Michael R. Hoggatt 4-6-06*  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reappointing)      DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOGGATT, MICHAEL R
STREET ADDRESS	8985 STAR TULIP COURT
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000500453  
 04/25/06-80022-021 50.00

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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: *Michael R. Hoggatt*      *Michael R. Hoggatt 4-6-06*      239 292-2211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #