

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 06, 2006 8:00 am
Secretary of State

05-04-2006 90035 047 ****50.00

DOCUMENT # L03000032606

1. Entity Name
FRIEDMAN PROPERTIES, LLC



Principal Place of Business
**219 AVENUE E
APALACHICOLA, FL 32320**

Mailing Address
**PO BOX 789
APALACHICOLA, FL 32329**

30003000



01152006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1183383	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRIEDMAN, MARK W CPA
~~PO BOX 789~~ 127 DEER PATCH LN.
APALACHICOLA, FL ~~32329~~ 32320**

**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 Mark Friedman (NOTE: Registered Agent signature required when reappointing) DATE

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

B. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FRIEDMAN, MARK W
PO BOX 789
APALACHICOLA, FL 32329**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FRIEDMAN, MICHAEL
PO BOX 69
PANACEA, FL 323246**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: Mark Friedman 1-16-06 850-653-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #