


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000037195 1. Entity Name FLORIDA PROPERTY VENTURES, LLC	
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Principal Place of Business 27 ROSIER CIRCLE SACRAMENTO, CA 95833	Mailing Address 1500 W EL CAMINO AVE #416 SACRAMENTO, CA 95833
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**DO NOT WRITE IN THIS SPACE**



07192006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3775150	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PRESIDENTIAL SERVICES INCORPORATED 1217 CAPE CORAL PKWY STE 300 CAPE CORAL, FL 33904-9604
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

U00000571971  
 07/25/06-80009-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, KEN 27 ROSIER CIR SACRAMENTO, CA 95833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, JENNIFER 27 ROSIER CIR SACRAMENTO, CA 95833
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**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:  **KEN FERNANDEZ** 7/19/06 916-9372799  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #