2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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DOCU			Secretary of State					
EBM PRO	OPERTIES, LLC						•	
Principal Pla	ce of Business	Mailing Address						
411 WALNI GREEN CO	UT ST., #874 VE SPRINGS FL 32043	411 WALNUT ST., #8' GREEN COVE SPRING	411 WALNUT ST., #874 GREEN COVE SPRINGS FL 32043					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		((CCC) ALL SANGE HIT SELL CO.		E HEND HEIGH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E083 (10/05)	
City & State		City & State			4. FEI Number NO-T APPI	ICABLE	1 —→ -	plied For
Zip	Country	Zip	Country		5. Certificate of Status Desired		5.00 Add	itional
	6. Name and Address of Currer	nt Registered Agent			7. Name and Address of New I	Registered Ag	ent	
50	Name							
154	AZIER, CLARENCE F 18 LANCASTER TERR. CKSONVILLE FL 32204	-	Street A	ddress (P	P.O. Box Number is Not Acceptable	e)		
V/16	21001141CCC (C 32204		Ì					
			City		_	FL	Zip Code	
8. The above the obliga	named entity submits this statement trons of registered agent.	for the purpose of changing its	registered office or	registere	ed agent, or both, in the State of Fl	orida. 1 am far	niliar with,	and siver
SIGNATURE	Signature, typed of printed name of registered agen	nt and title it applicable. (NOT	E: Registered Agent signato	ura required v	when reinstating)	DATE		
		FILE N	OW!!! FEE IS \$	50.00	(Mar. 1997)	~~ 		
		Make Check Payab	le to Florida Dec	artmen	t of State			
		מַּמַ	e By May 1, 2006	خانهموني و				
8.	MANAGING MEME		10.		ADDITIONS	/CHANGES		
TITLE	MGRM	☐ Øelete	TITLE			3	☐ Change	
NAME STREET ADDRESS	MILLER, EDWIN B 411 WALNUT ST #874		NAME STREET ADDRESS		** . *			
CITY-ST-ZIP	GREEN COVE SPRINGS FL 3204	3	STREET AGDRESS CIFY-ST-ZEP		(4) (17) (13) (14) (14) (15) (15) (15) (15) (15) (15) (15) (15	407,98 8 <u>813-017</u>	50.00	
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CITY-ST-ZIP			CITY - ST- ZIP					
DIFF		☐ Delete	INTLE				Change	Addition
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TITLE		☐ Delete					7.0	
NAME		Chester Control	TITCE NAME			L] Change	☐ Addition
STREET ADDRESS			STREET ADDRESS					
CITY-SI-ZIP			CSTY-ST-ZIP					
TIME		☐ Delele	3.97६			Ε	_) Change	Addition
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City-St-Zif		•	GITY-SI-ZIP					
BISLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME			-	•	
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS					
0117*21*28*			CITY-S1-ZIP					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 (lability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

3/27/06 386-328 5002