
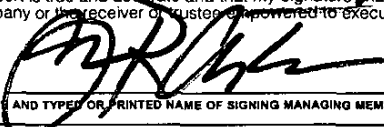


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90141 018 ****50.00

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|--|--|--|--|---|--|
| DOCUMENT # L03000041525 1. Entity Name SLADE PROPERTIES, LLC | | | |  | |
| Principal Place of Business 1015 SE FORT KING STREET OCALA, FL 34481 | | | Mailing Address 1015 SE FORT KING STREET OCALA, FL 34481 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 3101 SW 34th Ave Suite, Apt. #, etc. Box 905-216 | | | |
| City & State | | City & State Ocala, FL | | 4. FEI Number 20-0761659 | |
| Zip | Country | Zip 34474 | Country US | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ANASTASIA, JOHN R 1015 SE FORT KING STREET OCALA, FL 34481 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ANASTASIA, JOHN 3 NE SANCHEZ AVENUE OCALA, FL 34470 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | mgrm John Anastasia 2080 SW 76th Ln Ocala, FL 34476 |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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:  | | | | Date 2/10/06 Daytime Phone # 352-671-6444 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |