2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006
Secretary of State

DOCUMENT# L03000043228

Entity Name: WERTZ STULTZ PROPERTIES, LLC

Current Principal Place of Business:

3434 COLWELL AVENUE, SUITE 100
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

3434 COLWELL AVENUE, SUITE 100
TAMPA, FL 33614

New Mailing Address:

FEI Number: 04-3778695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WERTZ, MICHAEL BRENT
3434 COLWELL AVENUE, SUITE 100
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	WERTZ, MICHAEL BRENT	
Address:	3434 COLWELL AVENUE, SUITE 100	
City-St-Zip:	TAMPA, FL 33614	
Title:	MGR	( ) Delete
Name:	WERTZ, HEATHER E	
Address:	2934 KNIGHTS	
City-St-Zip:	TAMPA, FL 33611	
Title:	MGR	( ) Delete
Name:	STULTZ, JEAN	
Address:	2388 DELVERTONE DRIVE	
City-St-Zip:	ATLANTA, GA 30338	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 BRENT WERTZ MGR 03/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date