

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90090 039 ***150.00

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1. Entity Name

CABBAGE PATCH PROPERTIES, LLC



Principal Place of Business

6323 NEWTOWN CIRCLE
TAMPA, FL 33615

Mailing Address

PO BOX 13877
TAMPA, FL 33681

DO NOT WRITE IN THIS SPACE



05112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-0423700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCALLISTER, JOHN E JR.
13014 N. DALE MABRY HWY
SUITE 129
TAMPA, FL 33618

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GASTON, DENISE R
STREET ADDRESS	PO BOX 13877
CITY-ST-ZIP	TAMPA, FL 33681

TITLE	
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #