2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

DOCUMENT # L03000055559

1. Entity Name

AMARYLLIS PROPERTIES, LLC



FILED Mar 29, 2006 8:00 am Secretary of State 03-29-2006 90021 031 ****50.00

											
Principal Place of Business			Mailing Address	Mailing Address K							
8633 WILLO ORLANDO F	W CANE C	т.	8633 WILLOW ORLANDO FL	8633 WILLOW CANE CT. ORLANDO FL 32835							
2. Principal P	lace of Busin	ess	3. Mailing Addre	3. Mailing Address				*** ***** **** ****		(1881 III 1884	
Suite, Apt.	#, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			1st MOORE CR2E083 (10/05)				
City & State			City & State	City & Stale			Applied For Applied For Not Applicable				
Zip		Country	Zíp	Country		5. Certifica	te of Status Desired		\$5.00 Additional Fee Required		
	6. Name	and Address of Co	urrent Registered Agent	egistered Agent Name		7. Name ar	nd Address of New	Registered	Agent		
AVA 863:	LON, HE 3 WILLO	LEN W KANE CT. L 32835	· 公司	A Company of the Comp		Street Address (P.O. Box Number is Not Acceptable)					
ORL	ANDO FI	L 32835									
				City				FL	Zip Code	e	
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 prosed name of registerent agent and little if applicable. (NOTE Registeren Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$50,00											
Make Check Payable to Florida Department of State. Due By May 1, 2006											
					<u> </u>			 			
9.	Γ	MANAGING N	MEMBERS/MANAGERS	10.			ADDITION	S/CHANGES		T A ALCOHOL:	
TITLE	MGRM		□ De	elete TITL NAM	ı				☐ Change	☐ Addition	
NAME STREET ADDRESS	AVALON,			EET ADDRESS							
CITY-ST-ZIP	OSS WILLOW				Y-ST-ZIP						
TITLE	OTILATIO	1 2 02000		elete TITL	<u>r</u>				Change	☐ Addition	
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STREET ADDRESS]			EET ADDRESS							
CITY-ST-ZIP				ст	Y-ST-ZIP					ı	
TITLE			□ De	elete TITL	.E		•		☐ Change	Addition	
NAME	 			. NAN	AE.						
STREET ADDRESS				STR	EET ADDRESS						
CITY-ST-ZIP				CITY	Y-ST-ZIP						
TITLE			□ De	elete TITL	.E				Change	Addition	
NAME				NAM	1						
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CITY-ST-ZIP					Y-ST-ZIP						
TITLE			D ₀	elete TITL					Change	☐ Addition	
NAME CIDICI ADDDICC					EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP						
		 							☐ Change	Addition	
TITLE NAME			لية الله	elete Hill							
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP					Y-ST-ZIP						
44 15	1		End istable River description	h		-tad in Continu	110 Florida Statutos	I further as	etifo that the	nformation	

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mud (W 11V and)

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

3/20/06 (407)445-0895