

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90002 050 \*\*\*\*55.00

**DOCUMENT # L04000002878**

1. Entity Name  
ISSA PROPERTIES, LLC



Principal Place of Business  
950 CELEBRATION BLVD, STE F  
CELEBRATION, FL 34747

Mailing Address  
950 CELEBRATION BLVD, STE F  
CELEBRATION, FL 34747

**20012401**



02212006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
27-0076100

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVID J. POWERS, P.A.  
777 GLADES RD, STE 300  
BOCA RATON, FL 33434

**DO NOT WRITE  
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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME MARCHELL, JEFFREY  
STREET ADDRESS 950 CELEBRATION BLVD, STE F  
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE MGR  
NAME HEMPEL, DONALD  
STREET ADDRESS 950 CELEBRATION BLVD, STE F  
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE MGR  
NAME ISSA, FRANCIS J  
STREET ADDRESS 950 CELEBRATION BLVD, STE F  
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

*Jeffrey F. Marchell*  
Jeffrey F. Marchell

03-01-06

Date

407 566-4772

Daytime Phone #