

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000014956

1. Entity Name
PUTNAM PROPERTIES LLC



Principal Place of Business
**956 ESTON STREET
CAMARILLO, CA 93010**

Mailing Address
**956 ESTON STREET
CAMARILLO, CA 93010**



04282006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3132199

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PUTNAM, RODGER
2609 PIRATES BAY DR.
FERNANDINA BEACH, FL 32034**

**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	MGRM
NAME	PUTNAM, TODD
STREET ADDRESS	956 ESTON ST
CITY-ST-ZIP	CAMARILLO, CA 93010
TITLE	MGRM
NAME	PUTNAM, RODGER
STREET ADDRESS	2609 PIRATES BAY DR
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	MGR
NAME	PUTNAM, ROGER
STREET ADDRESS	54 CEDAR DR
CITY-ST-ZIP	CAMARILLO, CA 93010
TITLE	MGR
NAME	PUTNAM, PATRICIA
STREET ADDRESS	54 CEDAR DR
CITY-ST-ZIP	CAMARILLO, CA 93010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000548522
05/11/06-80121-008 50.00

**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

4/27/06

805312-0265

Daytime Phone #