## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF,

## Aug 18, 2006 8:00 am Secretary of State DOCUMENT # L04000017270 FPS PROPERTIES, LLC 08-18-2006 90028 012 \*\*\*\*50.00 Principal Place of Business Mailing Address 102 COMMERCE ROAD 102 COMMERCE ROAD BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 2. Principal Place of Business 3. Mailing Address 1599 SW 30th Ave. <u>1599 SW 30th Ave</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 08152006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Boynton Beach, FL 20-0847763 Boynton Beach Not Applicable Country Country Žip \$5.00 Additional 5. Certificate of Status Desired 33426 Palm Beach 33426 Fee Required <u>Palm Beach</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>James V. Viggiani</u> SARACENO, DANIÉL Street Address (P.O. Box Number is Not Acceptable) 11351 Regatta Lane 102 COMMERCE ROAD BOYNTON BEACH, FL 33426 Wellington 8. The above named entity submits this s 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 ind title if applicable Signature, typed or pri (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50,00. Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES **MGRM** TITLE Delete TITLE Change Addition MGRM SARACENO, DANIEL. ... NAME Saraceno, Daniel STREET ADDRESS 102 COMMERCE ROAD STREET ADDRESS 1599 SW 30th Ave., Ste. 1 BOYNTON BEACH, FL 33426 CITY-ST-ZIP CITY-ST-ZIP Boynton Beach, FL TITLE ☐ Delete TITLE ☐ Change X Addition MGRM NAME NAME James V. Viggiani James V. 1200 11351 Regatta Lane 11351 Regatta Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing do indicated on this report is true and accurate and that my sign limited liability company or the receiver or trustee empowered. qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information shall have the same legal effect as if made under oath; that I am a managing member or manager of the society that I am a manager of the society that I am

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #