2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # L04000021804** 04-03-2006 90061 037 ****55.00 SAN SEBASTIAN PROPERTIES, LLC Principal Place of Business Mailing Address 1226 LA PAZ 57. 1226 LA PAZ 5-1 PENSACOLA, FL 32506 PENSACOLA, FL 32506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-0895029 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUERTIN, GERALD A** Street Address (P.O. Box Number is Not Acceptable) 1226 LA PAZ PENSACOLA, FL 32506 City Zip Code 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGRU TITLE MGRM Delete TITLE Change Addition GUERTIN, DANIEL P GUARTION DONIEL P. NAME NAME 327 EAST 9312 ST. AP1 5E STREET ADDRESS 182 EAST 05TH STREET #27J STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10128 CITY-ST-ZIP NEW YURK **MGRM** Addition TITLE Delete TILE Change Ch MCRM **GUERTIN, CHRISTOPHER M** NAME NAME GUERTIN, ChrisToyher MA STREET ADDRESS 3627 DUPONT AVENUE SOUTH STREET ADDRESS 2520 Feeled PL CITY-ST-7/P MINNEAPOLIS, MN 55409 CITY-ST-7IP MIUNSAPOLIS, MN 55405 ☐ Delete TIFLE TITLE MGRN Change ☐ Addition GUERTID GONALD A 1226 LA'PAZ ST GUERTIN, GERALD A NAME NAME 36274 DUPONT AVENUE SOUTH STREET ADDRESS STREET ADDRESS MINNEAPOLIS, MN 55409 CITY-ST-ZIP CITY-ST-ZIP 52 MLE ☐ Deleta TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/2 CITY-ST-7IP ☐ Delete Addition TITLE TTLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED