2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 30, 2006 08:00 AM **DOCUMENT # L04000025646 Secretary of State** 1. Entity Name GAUSE PROPERTIES, LLC Principal Place of Business Mailing Address 299 BOULEVARD DES PINS 299 BOULEVARD DES PINS ST. AUGUSTINE, FL 32080 ST. AUGUSTINE, FL 32080 CR2E083 (11/05) 01232006No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0957403 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRESGE, KENNETH R CPA DO NOT WRITE 1200 PLANTATION ISLAND DRIVE **SUITE 230** IN THIS SPACE ST. AUGUSTINE, FL 32084 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 little if applicable (NOTE, Registered Agent signature required when reinstating) U00000406820 Filing Fee is \$50.00 Due by May 1, 2006 02/07/06-80105-018 50.00 MANAGING MEMBERS/MANAGERS 9, MGR TITLE GAUSE, WILLIAM H NAME STREET ADDRESS 299 BOULEVARD DES PINS CITY-ST-ZIP ST. AUGUSTINE, FL 32080 TITLE NAME STREET ADDRESS C)179 -S7 - Z)P TITLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

William Henry Gauses Ir. (Managing member)