


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000029516**  
 1. Entity Name  
 101 PROPERTY, LLC



Principal Place of Business 123 FIRST STREET NORTH WINTER HAVEN, FL 33881	Mailing Address 123 FIRST STREET NORTH WINTER HAVEN, FL 33881
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**DO NOT WRITE IN THIS SPACE**



03172006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1531273	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BROOKS, BEACH A JR.  
 123 FIRST STREET NORTH  
 WINTER HAVEN, FL 33881

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rehashing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, STEPHEN K 123 FIRST STREET NORTH WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, BEACH A JR 123 FIRST STREET NORTH WINTER HAVEN, FL 33881
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U00000475707  
 04/05/06-80024-017 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:  Beach A. Brooks Jr. 3/17/06 863-299-1962  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #