

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90029 011 \*\*\*\*50.00

**DOCUMENT # L04000032447**

1. Entity Name  
**ADVAN PROPERTIES LLC**



Principal Place of Business  
**4713 PEBBLEPOINTE PLACE  
TAMPA, FL 33634**

Mailing Address  
**4713 PEBBLEPOINTE PLACE  
TAMPA, FL 33634**

2. Principal Place of Business

**1932 Nanticoke Circle**

Suite, Apt. #, etc.

3. Mailing Address

**1932 Nanticoke Circle**

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

City & State

**Tallahassee, FL**

Zip

**32303**

Country

**USA**

Zip

**32303**

Country

**USA**

04102006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**20-1056258**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, ADRIENNE D  
4713 PEBBLEPOINTE PLACE  
TAMPA, FL 33634**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

*Adrienne D. Johnson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/10/06**

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **JOHNSONS, ADRIENNE D**  
STREET ADDRESS **4713 PEBBLEPOINTE PLACE**  
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **MGR** ☐ Delete  
NAME **JOHNSON, MATTHEW M**  
STREET ADDRESS **4713 PEBBLEPOINTE PLACE**  
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **MGR** ☐ Delete  
NAME **DUSSIA, EVAN E**  
STREET ADDRESS **1626 RIGGINS ROAD**  
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **MGR** ☐ Delete  
NAME **DUSSIA, PHYLLIS W**  
STREET ADDRESS **1626 RIGGINS ROAD**  
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Johnson, Adrienne D**  
STREET ADDRESS **1932 Nanticoke Circle**  
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Johnson, Matthew M**  
STREET ADDRESS **1932 Nanticoke Circle**  
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:**

*Adrienne D. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/10/06**

**850-386-1811**

Daytime Phone #