2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000038023

|--|

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)					FILED Apr 13, 2006 8:00 am			
DOCUMENT # L04000038023 1. Entity Name					Apr 13, 2006 8:00 am Secretary of State			
.WE PURC	CHASE PROPERTIES, LLC				. 04-13-200	0 90037 034	30.00	,
Principal Plac	e of Business	Mailing Address			<u>-</u> 			
11223 NW 69TH PLACE PARKLAND FL 33076 US		11223 NW 69TH PLACE PARKLAND FL 33076 US						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/05)				
City & State		City & State		4. FEI Number 04-3792	2003	 	plied For at Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desi	-	\$5.00 Add	ditional
	6. Name and Address of Current	 			7. Name and Address of N	lew Registered	Fee Require	d
STEINBERG, PAUL ELLIOT 11223 NW 69TH PLACE PARKLAND FL 33076				Name	r. Nume and Address of the	eco riegisterea	ngem	
				Street Address (P.O. Box Number is Not Acceptable)				
				City			Zip Cod	е
:				'		FL FL	•	
the obligat	named entity submits this statement to tions of registered agent.	the purpose occuanging to	rs.register	ad office of tedisfe	<u>reglagem, or born,</u> in the State	oi <u>Fiorida.</u> I am	ramiliar wi <u>th,</u>	ano accept
SIGNATURE	Signature, typed or printed name of registered agent i	und title it applicable, (NC	TE Registere	d Agent signature required	d when reinstating)	DATE		
				FEE IS \$50.00				
		Make Check Paya D	ble to FI	orida Departme	nt of State			
	MANIACINIC MEMBER			ay 1, 2000	A S S J T	ONO COLUMNOS		
9.	MANAGING MEMBE	Delete	10.	. 1	ADDITI	ONS/CHANGES	☐ Change	☐ Addition
NAME	CHILDS, HOWARD R	C Delete	NAM				change	L.J Addition
STREET ADDRESS	•	i	STRE	ET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA PA 19144		CITY	-ST-ZIP				
THILE	MGRM	☐ Deleie	TITL	l l			Change	☐ Addition
NAME STREET ADDRESS	STEINBERG, PAUL ELLIOT		NAM	E Et addréss				
CITY-ST-ZIP	11223 NW 69TH PLACE SERVICE STATES			-ST-ZIP				
irine "	MGRM-	Delote	TITL			•	Change	Addition
NAME -	DELUCCIA, FRANK		NAM	1 -	·- ·		<u></u> .	
STREET ADDRESS	361 LAUREN LANE	_		ET ADDRESS				
C)TY-ST-ZIP	SWARTHMORE PA 19081		CITY	-ST-ZIP				
TITLE NAME	MGRM MCCULLOUGH, SEAN	Delete	TITL	,			☐ Change	Addition
STREET ADDRESS	43 SILVER LAKE TERRACE			TET ADDRESS				
CITY-ST-ZIP	MORTON PA 19070		1	-ST-ZIP				
TITLE		☐ Delete	TITE	E			☐ Change	☐ Addition
NAME			NAM	i				
STREET ADDRESS CITY-ST-ZIP				ET ADORÉSS - ST- ZIP				
TITLE							[] (L	<u> </u>
NAME		☐ Delete	TITL NAM	I			Change	Addition
STREET ADDRESS				EET ADDRESS				
CITY OF 71D	1		Out.	67 319				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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