

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040838

FILED
Apr 03, 2006
Secretary of State

Entity Name: FAITH BUILT PROPERTIES LLC

Current Principal Place of Business:

9170 SOUTHWEST 52 TERRACE
OCALA, FL 34476

New Principal Place of Business:

739 EAST SILVER SPRINGS BLVD STE 205
OCALA, FL 34470

Current Mailing Address:

9170 SOUTHWEST 52 TERRACE
OCALA, FL 34476

New Mailing Address:

739 EAST SILVER SPRINGS BLVD STE 205
OCALA, FL 34470

FEI Number: 81-0650536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZANDRA, SINGH S
9170 SOUTHWEST 52 TERRACE
OCALA, FL 34476 US

Name and Address of New Registered Agent:

ZANDRA, SINGH S
121 EDWARD DR.
PALM COAST, FL 32164 US

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.

SIGNATURE:

04/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SINGH, ZANDRA S
Address: 9170 SOUTHWEST 52 TERRACE
City-St-Zip: OCALA, FL 34476

Title: MGRM () Delete
Name: KMETZ, TOM
Address: 9170 SOUTHWEST 52 TERRACE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SINGH, ZANDRA S
Address: 121 EDWARD DR.
City-St-Zip: PALM COAST, FL 32164

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ZANDRA SINGH

MGR

04/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date