

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045013

Entity Name: NCM PROPERTIES, LLC

FILED
Jan 18, 2006
Secretary of State

Current Principal Place of Business:

209 NE 5TH AVENUE
OKEECHOBEE, FL 3972

New Principal Place of Business:

Current Mailing Address:

209 NE 5TH AVENUE
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 20-1757468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRANT, MELTON
209 NE 5TH AVENUE
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRANT, MELTON
Address: 209 NE 5TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGR () Delete
Name: GRANT, NYSOLA
Address: 209 NE 5TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GRANT, MELTON
Address: 209 NE 5TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM (X) Change () Addition
Name: GRANT, NYSOLA
Address: 209 NE 5TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM () Change (X) Addition
Name: GRANT, CHANTELE
Address: 209 NE 5TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

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: MELTON GRANT

MGRM

01/18/2006

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