

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90030 027 \*\*\*\*50.00

**DOCUMENT # L04000045957**

1. Entity Name  
**SAME PROPERTIES, LLC**



Principal Place of Business

**3116 CAPITAL CIRCLE NORTHEAST, SUITE 5  
TALLAHASSEE, FL 32308**

Mailing Address

**3116 CAPITAL CIRCLE NORTHEAST, SUITE 5  
TALLAHASSEE, FL 32308**



01252006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1471508**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DAWS, SONYA K  
3116 CAPITAL CIRCLE NORTHEAST, SUITE 5  
TALLAHASSEE, FL 32308**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DAWS, SONYA K
STREET ADDRESS	3116 CAPITAL CIRCLE NORTHEAST, SUITE 5
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	MGRM
NAME	BATEMAN, FREDERICK L JR.
STREET ADDRESS	3116 CAPITAL CIRCLE NORTHEAST, SUITE 5
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

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

**4-28-06**

Date

**850-222-1020**

Daytime Phone #