2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# L04000046250

Entity Name: FOLKY PROPERTIES, LLC

Current Principal Place of Business:

10294 SHADY OAK LANE
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

10294 SHADY OAK LANE
SEMINOLE, FL 33777

New Mailing Address:

FEI Number: 57-1207460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID P. FOLKENFLIK, P.A.
5742 54TH AVENUE NORTH
KENNETH CITY, FL 33709 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: MGRM ( ) Delete
Name: FOLKENFLIK, DAVID P
Address: 5742 54TH AVENUE N.
City-St-Zip: KENNETH CITY, FL 33709

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

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

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

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: FOLKENFLIK, MARTIN R
Address: 5742 54TH AVENUE N.
City-St-Zip: KENNETH CITY, FL 33709

Title: MGMR ( ) Change (X) Addition
Name: FOLKENFLIK, MARILYN A
Address: 5742 54TH AVENUE N.
City-St-Zip: KENNETH CITY, FL 33709

Title: MGMR ( ) Change (X) Addition
Name: FOLKENFLIK, TAMI L
Address: 5742 54TH AVENUE N.
City-St-Zip: KENNETH CITY, FL 33709

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: DAVID P. FOLKENFLIK MGMR 01/09/2006

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