2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# L04000050048

Entity Name: WITTER PROPERTIES, LLC

Current Principal Place of Business:

6998 N US HIGHWAY 27, SUITE 202
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

6998 N US HIGHWAY 27, SUITE 202
OCALA, FL 34482

New Mailing Address:

FEI Number: 04-3825238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WITTER, DAVID G
6998 N US HIGHWAY 27, SUITE 202
OCALA, FL 34482 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: WITTER, DAVID G
Address: 10575 NW 76 TERRACE
City-St-Zip: OCALA, FL 34482

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WITTER, DAVID G
Address: 10575 NW 76 TERRACE
City-St-Zip: OCALA, FL 34482 US

Title: MGR ( ) Change (X) Addition
Name: WITTER, CONSTANCE C
Address: 10757 NW 76TH TERRACE
City-St-Zip: OCALA, FL 34482 US

Title: MGR ( ) Change (X) Addition
Name: FRANCO, MICHAEL J
Address: 313 S. MAGNOLIA AVE
City-St-Zip: OCALA, FL 34474

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 G. WITTER MGRM 04/24/2006

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