

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000051013

1. Entity Name

PLUM RIVER PROPERTIES, LLC



Principal Place of Business

545 DELANEY AVENUE, BLDG. #3
ORLANDO FL 32801

Mailing Address

545 DELANEY AVENUE, BLDG. #3
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-1351272

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEFFLER, TIM
545 DELANEY AVE
BLDG # 3
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGRM
LEFFLER, TIM M.
STREET ADDRESS 545 DELANEY AVE. BLDG. #3
CITY-ST-ZIP ORLANDO FL 32801

TITLE NAME ☐ Delete
MGRM
HEANEY, SEAN
STREET ADDRESS 545 DELANEY AVE # 3
CITY-ST-ZIP ORLANDO FL 32801

TITLE NAME ☐ Delete
MGRM
EDWARDS, PHILLIP A.
STREET ADDRESS 545 DELANEY AVE. # 3
CITY-ST-ZIP ORLANDO FL 32801

TITLE NAME ☐ Delete
MGRM
GRANDSTAFF, BRIAN
STREET ADDRESS 545 DELANEY AVE # 3
CITY-ST-ZIP ORLANDO FL 32801

TITLE NAME ☐ Delete
MGRM
ETCHINSON, MIKE
STREET ADDRESS 545 DELANEY AVE # 3
CITY-ST-ZIP ORLANDO FL 32801

TITLE NAME ☐ Delete
MGRM
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Add
NAME
STREET ADDRESS 000000439245
CITY-ST-ZIP 03/01/06-80040-002 50.00

TITLE NAME ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

02/16/06

407-839-5514