2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L04000052535

1. Entity Name
SHOWALTER PROPERTIES, LLC

Principal Place of Business

Mailing Address

15200 SNOW MEMORIAL HWY BROOKSVILLE, FL 34601 15200 SYOW MEMORIAL HWY BROOKSVILLE, FL 34601 FILED Mar 03, 2006 08:00 AM Secretary of State



02152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1589018 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

SHOWALTER, ROBERT 15200 SNOW MEMORIAL HWY BROOKSVILLE, FL 34601

SIGNATURE:

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2-26-06

Daytime Phone #

# The shows	named entity submits this statement for the purpose of char	valore its registered	office or realisticad popular or halfs in the Ph	ate of Florida - Lam familiar with and accept
the obligat	named siting studing his statement of the purpose of char-		TC SHOWN TOUC	Z-26-06
SIGNATURE Signature, typed or printed name of registered agent and title if applies bill		(NOTE Registered Agent signature required when reinstating) DATE		
Fi	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P SHOWALTER, ROBERT C 15200 SNOW MEMORIAL HIGHWAY BROOKSVILLE, FL 34601	<u></u>	Uss	3000455018 206-80039 <b>-00</b> 9 50 <b>.0</b> 0
NAME STREET ADDRESS ''Y-ST-ZIP			Udrijin	/U5-80039-009 50. <b>0</b> 0
ME SIFEEL AUDRESS				WRITE
CITY-ST-ZIP  TITLE  NAME STHEET ADDRESS CITY-ST-ZIP				
THLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby a indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature similar to the contract of the contr	quality for the exent hall have the same	nptions contained in Chapter 119, Florida S legal effect as if made under cath; that I s	statutes. I further certify that the information am a managing member or manager of the