

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052918

FILED
May 01, 2006
Secretary of State

Entity Name: GOVONI PROPERTIES LLC

Current Principal Place of Business:

117 E LAKE AVENUE
SUITE A
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

117 E LAKE AVENUE
SUITE A
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: 75-3126572 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, MARK R
C/O KAY SCHOLER LLP
777 S. FLAGLER DRIVE, SUITE 900, WEST TWR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

GOVONI, BRIAN R
117 E LAKE AVENUE
SUITE A
AUBURNDALE, FL 33823 US

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: BRIAN R. GOVONI

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOVONI, BRIAN R
Address: 117 E LAKE AVENUE - SUITE A
City-St-Zip: AUBURNDALE, FL 33823

Title: MGRM () Delete
Name: GOVONI, HENRY C
Address: 33 WAMSUTTA AVE.
City-St-Zip: ACUSHNET, MA 02743

ADDITIONS/CHANGES:

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

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

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: BRIAN R. GOVONI

MGRM

05/01/2006

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