2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000053526

1. Entity Name
MISTLETOE PROPERTIES, LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
1515 N. YOUNG BLVD.. CHIEFLAND, FL 32626 US	P. O. BOX 443 TRENTON, FL 32693 US

DO NOT WRITE IN THIS SPACE

01112006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1366530
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRYANT, TODD
6600 SW 65TH STREET
TRENTON, FL 32693

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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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRYANT, TODD
STREET ADDRESS	6600 SW 65TH STREET
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	MGRM
NAME	ROWLAND, REESE
STREET ADDRESS	710 NE 16TH STREET
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	MGRM
NAME	BRADLEY, CLIFTON
STREET ADDRESS	709 NE 16TH STREET
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	MGRM
NAME	ETHERIDGE, FRANK
STREET ADDRESS	14471 NE 20TH STREET
CITY-ST-ZIP	WILLISTON, FL 32693
TITLE	MGRM
NAME	ALLEN, EDWIN
STREET ADDRESS	121 NE 6TH BLVD.
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/06-80006-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Todd A Bryant 1-11-06 352/493-2565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #