

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000053687

1. Entity Name
EKIP PROPERTIES, LLC



Principal Place of Business
**719 INDUSTRIAL DRIVE
WILDWOOD, FL 34785**

Mailing Address
**P.O. BOX 268
OXFORD, FL 34484**



04062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1393993

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAM N. ASMA, PA
884 S. DILLARD ST.
WINTER GARDEN, FL 34787**

**DO NOT WRITE
IN THIS SPACE**

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**

1100000509652
04/28/06-80052-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PIKE, RUSSELL C
STREET ADDRESS	PO BOX 268
CITY - ST - ZIP	OXFORD, FL 34484
TITLE	MGR
NAME	PIKE, GINA L
STREET ADDRESS	PO BOX 268
CITY - ST - ZIP	OXFORD, FL 34484
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

[Signature]

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

4-10-06

Date

352-267-5580

Daytime Phone #