

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000054725



Entity Name
TRICK PROPERTIES, LLC

Principal Place of Business
**5840 RED BUG LAKE RD.
 WINTER SPRINGS, FL 32708**

Mailing Address
**5840 RED BUG LAKE RD.
 # 310
 WINTER SPRINGS, FL 32708**



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2032205	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PIGMAN, MARY GRACE
 5840 RED BUG LAKE RD
 WINTER SPRINGS, FL 32708**

**DO NOT WRITE
 IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

DUPLICATE
 01/30/06-80089-021 50.00

MANAGING MEMBERS/MANAGERS

NAME	MGR PIGMAN, MARY GRACE
ADDRESS	5840 RED BUG LAKE RD.# 310
CITY-STATE-ZIP	WINTER SPRINGS, FL 32708
NAME	
ADDRESS	
CITY-STATE-ZIP	
NAME	
ADDRESS	
CITY-STATE-ZIP	
NAME	
ADDRESS	
CITY-STATE-ZIP	
NAME	
ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mary Grace Pignon 1/15/06 (ART) 310-4534
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #