

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000056616**

1. Entity Name  
**PICKENS PROPERTIES, LLC**



Principal Place of Business  
**8157 RIVER POINT DR  
WEEKI WACHEE, FL 34607 US**

Mailing Address  
**8157 RIVER POINT DR  
WEEKI WACHEE, FL 34607 US**



04062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1435083**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PICKENS, KENTON  
8157 RIVER POINT DR  
WEEKI WACHEE, FL 34607**

**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**

**U00000516131  
04/28/06-80239-012 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PICKENS, KENTON
STREET ADDRESS	8157 RIVER POINT DR
CITY-ST-ZIP	WEEKI WACHEE, FL 34607
TITLE	MGRM
NAME	PICKENS, SUSAN D
STREET ADDRESS	8157 RIVER POINT DR
CITY-ST-ZIP	WEEKI WACHEE, FL 34607
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:

*Susan D. Pickens*

**4-11-06**

**352-524-5562**

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

Date

Daytime Phone #