2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 25, 2006 08:00 AM **Secretary of State** DOCUMENT # L04000061523 RANGE ROAD PROPERTIES, LLC Mailing Address Principal Place of Business **5 AMBLESIDE DRIVE 5 AMBLESIDE DRIVE** BELLEAIR, FL 33756 BELLEAIR, FL 33756 01192006 Na Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1662090 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEA, CLARK DO NOT WRITE **5 AMBLESIDE DRIVE** BELLEAIR, FL 33756 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) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR 7171 8 CLARK, LEA NAME STREET ADDRESS 5 AMBLESIDE DR BELLEAIR, FL 33756 CITY-ST-ZIP U00000401924 02/02/06-80039-025 50.00 TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 professes appowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS C1TY-ST-ZIP

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

FILED