


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90149 026 \*\*\*\*50.00

<b>DOCUMENT # L04000065370</b> 1. Entity Name <b>RMT PROPERTIES, L.L.C.</b>					
Principal Place of Business <b>6835 LAKE EAGLEBROOKE DRIVE LAKELAND, FL 33813</b>			Mailing Address <b>6835 LAKE EAGLEBROOKE DRIVE LAKELAND, FL 33813</b>		
2. Principal Place of Business <b>995 Lake Hollingsworth Dr.</b>		3. Mailing Address <b>995 Lake Hollingsworth Dr.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Lakeland, FL</b>		City & State <b>Lakeland, FL</b>		4. FEI Number <b>20-1623374</b>	
Zip <b>33803</b>		Country 		Applied For Not Applicable	
Zip <b>33803</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FAAS, MICHAEL S 6835 LAKE EAGLEBROOKE DRIVE LAKELAND, FL 33813</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>995 Lake Hollingsworth Dr.</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33803</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAAS, MICHAEL S 6835 LAKE EAGLEBROOKE DR LAKELAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADCOCK, E RENAE 6835 LAKE EAGLEBROOKE DR LAKELAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: <u>Michael S. Faas</u> MICHAEL S. FAAS 1-25-06 863-802-5586</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

**20003401**

