


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90135 002 ****50.00

DOCUMENT # L04000065446					
1. Entity Name LINDA LOMA PROPERTIES, LLC					
Principal Place of Business 4253 BAY BEACH LANE UNIT 5F FT. MYERS BEACH, FL 33931			Mailing Address 4253 BAY BEACH LANE UNIT 5F FT. MYERS BEACH, FL 33931		
2. Principal Place of Business 15512 CALOOSA CREEK CIR Suite, Apt. #, etc.		3. Mailing Address 15512 CALOOSA CREEK CIR. Suite, Apt. #, etc.			
City & State FORT MYERS FL		City & State FORT MYERS FL		4. FEI Number 74-3130183	
Zip 33908		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LASSAUX, JAMES 4253 BAY BEACH LANE UNIT 5F FT. MYERS BEACH, FL 33931			7. Name and Address of New Registered Agent Name JAMES LASSAUX Street Address (P.O. Box Number is Not Acceptable) 15512 CALOOSA CREEK CIRCLE City FORT MYERS FL Zip Code 33908		
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 James C Lassaux <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1-13-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASSAUX, JAMES 4253 BAY BEACH LANE FT. MYERS BEACH, FL 33931 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER - MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JAMES C LASSAUX 15512 CALOOSA CREEK CIRCLE FORT MYERS FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASSAUX, THOMAS 6575 OAKWOOD DRIVE WEST DES MOINES, IA 50266 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **James C Lassaux** DATE: **1-13-06** DAYTIME PHONE: **239-410-9847**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE