DOCUMENT # L04000065816     1. Entry Name PRAARP PROPERTIES, LLC   01-31-2006 90024 035 ****50.00     Principal Place of Business     43309 UMF#D51H45 HildfWAY 19 NORTH TARPON SPRINGS, FL 34689   Naming Address     2. Principal Place of Business     43309 UMF#D51H45 HildfWAY 19 NORTH TARPON SPRINGS, FL 34689   Suite, April # origination of Business     430 OUT 2 March # origination of Business     401172008 Chg-LLC CR2E083 (11/05)     Suite, April # origination of Business     Address     01172008 Chg-LLC CR2E083 (11/05)     Clave Address of Current Registered Agent     7. Name and Address of Current Registered Agent     FIEDIAND. LEW     Side Address of Current Registered Agent     FIEDIAND LEW     Side Address of Current Registered Agent     FIEDIAND SPRINGS, FL 34689     Country   E. Certificate of Status Desired     Side Address of Current Registered Agent     FIEDIAND     Side Address of Current Registered Agent     FIEDIAND     Side Address of Current R	2006 LIMITED LIABILITY COMPANY ANNUAL REPORT					FILED Jan 31, 2006 8:00 am Secretary of State			
43369 UNS. HIGHWAY 19 NORTH   P.0. BOX 1508     2. Produpt Pace of Business   Internet register depression     2. Produpt Pace of Business   Internet register depression     2. Produpt SMMCS, FL   Sale Act 4 etc.     2. Sale Act 4 etc.   01172008     2. Sale Act 4 etc.   01172008     2. Country   Sale Act 4 etc.     3. Data and Address of Current Registered Agent   T. Home and Address of New Registered Agent     7. Home and Address of Current Registered Agent   T. Home and Address of New Registered Agent     7. Home and Address of Current Registered Agent   T. Home and Address of New Registered Agent     7. Home and Address of Current Registered Agent   T. Home and Address of New Registered Agent     7. Home and Address of Current Registered Agent   T. Home and Address of New Registered Agent     7. Home and Address of Current Registered Agent   T. Home address of New Registered Agent     8. The Address of Cur	1. Entity Name								
Control S Rich Reit: Suite Act # etc:	43309 UNITED STATES HIGHWAY 19 NORTH P.O. BOX 1608				₽₩        <b>                  </b>     <b>  </b>     <b>       </b>	III <b>BB</b> TII <b>B</b> T <b>B</b> TA BBTII <b>BB</b> TII <b>B</b>	EN GONG OMPLANTLINGT (GIN E	11 <b>0 6</b> 7) 111 1 <b>0 6</b> 1	
City & State City & State 4.FEI Number 2000 1.Set Applied Fig.   210 Country 200 200 1.Set Applied Fig.   324_E_F_F Country 200 200 1.Set Applied Fig.   43300 U.S. HIGHWAY 19 NORTH Name Name 1.Name and Address of Country applied Fig.   FRIEDLAND, LEW 43300 U.S. HIGHWAY 19 NORTH Streth Address (P.O. Box Number is Not Acceptable) 1.Set Address (P.O. Box Number is Not Acceptable)   5.Non Address (P.O. Box Number is Not Acceptable) Streth Address (P.O. Box Number is Not Acceptable) 1.Set Address (P.O. Box Number is Not Acceptable)   5.Non Address (P.O. Box Number is Not Acceptable) Streth Address (P.O. Box Number is Not Acceptable) 1.Set Address (P.O. Box Number is Not Acceptable)   5.Non Address (P.O. Box Number is Not Acceptable) Streth Address (P.O. Box Number is Not Acceptable) 1.Set Address (P.O. Box Number is Not Acceptable)   5.Non Address (P.O. Box Number is Not Acceptable) Streth Address (P.O. Box Number is Not Acceptable) 1.Set Address (P.O. Box Number is Not Acceptable)   5.Non Address (P.O. Box Number is Not Acceptable) Streth Address (P.O. Box Number is Not	433090	SHWY 19N							
TAREOUN SHOULS FL   30-0272020   Inter Applicable     32-6   Country   2. Certificate of Status Desired   \$5.00 Automation     32-6   F. Marma and Address of Current Registered Agent   7. Name and Address of New Registered Agent     FREDLAND, LEW   Status Desired   Status Desired   Status Desired     43309 U.S. HIGHWAY 19 NORTH   Street Address (PO, Box Number is Net Acceptable)     TARPON SPRINGS, FL, 34689   Street Address (PO, Box Number is Net Acceptable)     Chy   FL   Zp Code     8. The above named entry schmits this statement for the purpose of changing its registered agent, or both, in the State of Portice. I am familier with, and accept the doligations of registered agent.   Marke check payable to Florida Department of State     SIGNATURE   MARK MEMBERS/MANAGERS   10   ADDITIONS/CHANGES     PHIER MARKS 300 U.S. HIGHWAY 19 NORTH   Intel New Registered agent.   Change   Address     Intel New Registered agent.   Marke check payable to Florida Department of State   Change   Address     PHIER MARKS 300 U.S. HIGHWAY 19 NORTH   Intel New Registered State   Change   Address     Intel New Registered Agent   Intel New Registered Agent   State Address   Change   Address     PHIER MARKS 300 U.S. HIGHWAY 19							······		
Section 20 Status Desired and the measured of the measur	TARPON	J STRINGS FL						ot Applicable	
FRIEDLAND, LEW Anma   43309 U.S. HIGHWAY 19 NORTH TARPON SPRINGS, FL, 34689 Street Address (P.O. Box Number is Not Acceptable)   E. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Roida. I am tertiliar with, and accept ine obligations of registered agent. Date   SIGNATURE The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Roida. I am tertiliar with, and accept ine obligations of registered agent. Date   SIGNATURE The Above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Roida. I am tertiliar with, and accept ine obligations of registered agent. Date   SIGNATURE The Above named engistered agent. Date   With Root of the Acceptable of Floride Department of State Date   PRISTING ALLIANCE LLC Intel Intel Acceptable of Floride Department of State Date   Intel Acceptable of State acceptable The Acceptable of Floride Department of State Date   Intel Acceptable of State acceptable The Acceptable of Floride Department of State Date   Intel Acceptable of State acceptable of Sta	3468	Ŷ					Fee Require		
13330 U.S. HIGHWAY 19 NORTH   Shout Address (P.O. Box Number is Not Acceptable)     City   FL   Zip Code     City   FL   Zip Code     Shout Address (P.O. Box Number is Not Acceptable)   City   FL   Zip Code     Shout Address (P.O. Box Number is Not Acceptable)   FL   Zip Code     Shout Address (P.O. Box Number is Not Acceptable)   FL   Zip Code     Shout Address (P.O. Box Number is Not Acceptable)   Ten Emergine and the submit is this statement for the purpose of changing its registered agent, or both, in the State of Plotda I an Emmilian with, and accept in ordinate of the purpose of agent and the submit is the state of the submit is the submit is the submit is the submit is the state of the submit is th			Registered Agent	Name	/. Name an	a Address of New I	Registered Agent		
C. The above named onlay submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Roida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Submit, type or ormed rate of injustment goet and till a sockable Intermine type of the state of Roida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Submit, type or ormed rate of injustment goet and till a sockable Intermine type of the state of Roida. I am familiar with, and accept for the obligations of registered agent, or both, in the State of Roida. I am familiar with, and accept for the obligations of registered agent, or both, in the State of Roida. I am familiar with, and accept for the obligations of registered agent, or both, in the State of Roida. I am familiar with, and accept for the obligations of registered agent, or both, in the State of Roida. I am familiar with, and accept for the obligations of registered agent. SIGNATURE Submit for the origin of an industry of the state of Roida. Intermine type of the state of the state of Roida. Intermine type of the state of Roida. Intermine type of the state of th	43309 U.S	HIGHWAY 19 NORTH		Street Add	Iress (P.O. Box Num	(P.O. Box Number is Not Acceptable)			
B. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Poolds. I am familiar with, and accept the bigations of registered agent.  SIGNATURE  SIGNATURE SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE  SIGNATURE SIGNAT				City			FL Zip Coc	le	
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Due by May 1, 2006 Florida Department of State   9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES   ITLE MGRM Delete ITLE Change Addition   WWE PRISTINE ALLIANCE, LLC SINET ADDRESS SINET ADDRESS Change Addition   ITLE MGRM ID belte ITLE ITLE Change Addition   ITLE MARE ID belte ITLE ITLE Intle Intle   ITLE MARE ID belte ITLE Intle Intle Intle   ITLE ITLE ITLE INTLE Intle Intle Intle   ITLE ITLE ITLE ITLE Intle Intle Intle   ITLE ITLE ITLE ITLE ITLE ITLE Intle   ITLE ITLE ITLE ITLE ITLE <td colspan="9">SIGNATURE</td>	SIGNATURE								
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NAME NAME   STREET ADDRESS STREET ADDRESS   CITY- ST-ZP CITY-ST-ZP   11. I hereby certify that the information supplied with this filling 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 chall before 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 trusted empowered construct this report as required by Chapter 608, Florida Statutes.   SIGNATURE: LEN ERIEDIANO	TITLE NAME STREET ADDRESS		Delete	NAME STREET ADDRESS			Change	Addition	
SIGNATURE: Alun 4 ( LEN FRIEDLAND /18/06 127-942-259)	NAME STREET ADDRESS		Delete	NAME STREET ADORESS			Change	Addition	
SIGNATURE: LEN FRIEDLAND /18/06 127-942-259) SIGNATURE AND AVPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Day using Phone #	11. I hereby indicated limited lia	certify that the information supplied with on this report is true and accurate and ability company or the receiver or truste	n this filing does not qualify it i that my signature shell her e empowered to exocute thi	or the exemptions cont the same legal effect report as required by	ained in Chapter 119 as if made under oa Chapter 608, Florida	), Florida Statutes, I f th; that I am a mana a Statutes.	further certify that the info ging member or manage	ormation er of the	
	SIGNAT		OF SIGNING MANAGUIG MEMBER, M.	LEN PRIT		1/18/06 Date	127 - 942- Daytime Phone #	<u>259)</u>	