

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000066988

1. Entity Name
NEXT DOOR PROPERTIES LLC



Principal Place of Business
2532 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308

Mailing Address
2532 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308



02102008 No Chg-LLC

CR2E083 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2427134

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PITTMAN, LARRY L
6501 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931

**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, title or printed name of registered agent and who is acceptable.

(NOTE: Registered Agent signature required when resigning.)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

FLA Dept of STATE

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RAITT, DENNIS G
2532 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RAITT, JANINE
2532 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000502659
04/25/06-80112-014 50.00

**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 888, Florida Statutes.

SIGNATURE:

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

File

Signature Photo