FILED
Jun 13, 2006 8:00 am
Secretary of State

05-03-2006 90031 046 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000076670

1. Entity Name
SOKARDA PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
105 S. 6TH AVENUE, SUITE 1 WAUCHULA, FL 33873	P.O. BOX 1748 WAUCHULA, FL 33873

04262006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
4235 Central Avenue	4235 Central Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bowling Green FL	City & State: Bowling Green FL
Zip: 33834 Country: USA	Zip: 33834 Country: USA

4. FEI Number: 20-1774660 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCKIBBEN, JEFF J
105 S. 6TH AVENUE, SUITE 1
WAUCHULA, FL 33873

7. Name and Address of New Registered Agent

Name: Adam Sokarda
Street Address (P.O. Box Number is Not Acceptable): 4235 Central Avenue
City: Bowling Green FL Zip Code: 33834

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: Adam Sokarda ADAM SOKARDA — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: June 7, 2006

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 SOKARDA, ADAM 5550 W. SUNNYSIDE CHICAGO, IL 60630	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Adam Sokarda ADAM SOKARDA — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date: 6/7/06 — Daytime Phone #: 773-203-8863