

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90212 003 \*\*\*\*50.00

<b>DOCUMENT # L04000078948</b> 1. Entity Name <b>HANLEY-BURNEY PROPERTIES, LLC</b>			
Principal Place of Business <b>819 96TH AVENUE N. NAPLES, FL 34108</b>		Mailing Address <b>819 96TH AVENUE N. NAPLES, FL 34108</b>	
2. Principal Place of Business <b>1430 Rail Head Blvd #109</b>		3. Mailing Address <b>1430 Rail Head Blvd #109</b>	
Suite, Apt. #, etc. <b>#109</b>		Suite, Apt. #, etc. <b>#109</b>	
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>	
Zip <b>34110</b>		Zip <b>34110</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>84-1660408</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HANLEY, BARBARA L 819 96TH AVENUE N. NAPLES, FL 34108</b>		7. Name and Address of New Registered Agent Name <b>Barbara L. Hanley</b> Street Address (P.O. Box Number is Not Acceptable) <b>1430 Rail Head Blvd, Ste. 109</b> City <b>Naples</b> State <b>FL</b> Zip Code <b>34110</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 <u><i>Barbara Hanley</i></u> DATE <u><i>3/31/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANLEY, BARBARA L 819 96TH AVENUE N. NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1430 Rail Head Blvd. #109 Naples, FL 34110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURNEY, CHRISTOPHER C 819 96TH AVENUE N. NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1430 Rail Head Blvd, #109 Naples, FL 34110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURNEY, BRIAN R 819 96TH AVENUE N. NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1430 Rail Head Blvd, #109 Naples, FL 34110</b>
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: <u><i>Barbara Hanley</i></u> <u><i>Barbara Hanley</i></u> <u><i>3/31/06</i></u> <u><i>239 877-9847</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			