

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90021 002 ****50.00

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1. Entity Name
PIPPIN PROPERTIES INVESTMENTS, LLC



Principal Place of Business

210 NW PARK STREET
SUITE 202
OKEECHOBEE, FL 34972 US

Mailing Address

P.O. BOX 462
OKEECHOBEE, FL 34973--046 US

DO NOT WRITE IN THIS SPACE



03032006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1874600

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIPPIN, J. NATHAN
210 NW PARK STREET
SUITE 202
OKEECHOBEE, FL 34972

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PIPPIN, J. NATHAN
210 NW PARK STREET, SUITE 202
OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PIPPIN, JAMES W
210 NW PARK STREET, SUITE 202
OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #