

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084327

FILED
Apr 20, 2006
Secretary of State

Entity Name: WARSOWE PROPERTIES, LLC

Current Principal Place of Business:

2 S UNIVERSITY DRIVE
SUITE 327
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

2 S UNIVERSITY DRIVE
SUITE 327
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 20-1902685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORPORATEEASY.COM, LLC
2 S UNIVERSITY DRIVE
SUITE 327
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TAUBMAN, ANDREW S
Address: 2 S UNIVERSITY DRIVE, SUITE 327
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: FRIEDMAN, RONALD S
Address: 2 S UNIVERSITY DRIVE, SUITE 327
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: ANSILL, LEONARD
Address: 2 S UNIVERSITY DRIVE, SUITE 327
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAURA GULLETT

CONT

04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date