

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088669

Entity Name: 3CT PROPERTIES, LLC

FILED
Mar 24, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 1386
CAMARILLO, CA 93011 US

New Principal Place of Business:

2826 WILLIAM NEAL PARKWAY
FORT COLLINS, CO 80525 US

Current Mailing Address:

P.O. BOX 1386
CAMARILLO, CA 93011 US

New Mailing Address:

2826 WILLIAM NEAL PARKWAY
FORT COLLINS, CO 80525 US

FEI Number: 41-2160633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAGLE, CONNIE
1912 HIGHWAY A1A
INDIAN HARBOR BEACH, FL 32937 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: THE BURNS TRUST DATE, D DECEMBER 23, 2002
Address: P.O. BOX 1386
City-St-Zip: CAMARILLO, CA 93011 US

Title: MGRM () Delete
Name: THE WOOLLEY TRUST DA, TED AUGUST 21, 2000
Address: 953 CALLADO
City-St-Zip: CAMARILLO, CA 93010 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THE BURNS TRUST DATE, D DECEMBER 23, 2002
Address: 2826 WILLIAM NEAL PARKWAY
City-St-Zip: FORT COLLINS, CO 80525 US

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: CANDICE BURNS

MGRM

03/24/2006

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