

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000641

Entity Name: VAN PROPERTIES LLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

4120 S ATLANTIC AVE
DAYTONA BEACH, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

4120 S ATLANTIC AVE
DAYTONA BEACH, FL 32127 US

New Mailing Address:

FEI Number: 20-2402845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDERVEER, WILLIAM E
4120 S ATLANTIC AVE
DAYTONA BEACH, FL 32127 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: VANDERVEER, WILLIAM E
Address: 4120 S ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32127 US

Title: MGRM () Delete
Name: JOHNSON, MARLENE
Address: 980 B-1 CANAL VIEW BLVD
City-St-Zip: PORT ORANGE, FL 32129 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: VANDERVEER, WILLIAM G
Address: 4120 S ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32127 US

Title: MGR () Change (X) Addition
Name: GRAHAM, ASHLEY
Address: 980 G-4 CANAL VIEW BLVD
City-St-Zip: PORT ORANGE, FL 32129

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: WILLIAM E VANDERVEER

MGRM

04/30/2006

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