
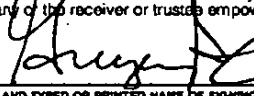


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 23, 2006 8:00 am  
Secretary of State

02-06-2006 90173 047 \*\*\*\*50.00

<b>DOCUMENT # L05000001153</b> 1. Entity Name <b>E &amp; D PROPERTIES, LLC</b>					
Principal Place of Business <b>20 AVENUE D SUITE 206 APALACHICOLA, FL 32320</b>			Mailing Address <b>POST OFFICE BOX 33 APALACHICOLA, FL 32329</b>		
2. Principal Place of Business <b>221 Avenue E</b>			3. Mailing Address 		
Suite, Apt. #, etc. <b>Suite B</b>			Suite, Apt. #, etc. 		
City & State <b>APALACHICOLA, FL</b>			City & State 		
Zip <b>32320</b>		Country <b>USA</b>		Zip 	
Country 		Country 		4. FEI Number <b>20-2161062</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SCOTT, CATHERINE 20 AVENUE D SUITE 206 APALACHICOLA, FL 32320</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>221 Avenue E</b> <b>Suite B</b> City <b>APALACHICOLA</b> <b>FL</b> Zip Code <b>32320</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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUNNINGHAM, GREGORY S POST OFFICE BOX 33 APALACHICOLA, FL 32329		TITLE NAME STREET ADDRESS CITY-ST-ZIP	221 Avenue E, Suite B APALACHICOLA, FL 32320	
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	
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: 			Gregory S. Cunningham		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>2-2-06</b> Daytime Phone # <b>850-653-3505</b>		



ATTACHMENT

30000938

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2006

E & D PROPERTIES, LLC  
POST OFFICE BOX 33  
APALACHICOLA, FL 32329

Subject: E & D PROPERTIES, LLC

Reference Number: L05000001153

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH  
ANNUAL REPORTS SECTION

*Correction / Block 4 Completed  
Thank you for your  
Consideration!*