2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # L0500001332 1. Entity Name ADVANCE FLORIDA PROPERTIES, L.L.C.						04-27-2006 90018 010 ****50.00			
Principal Place of Business Mailing Address						7			
11220 METRO PARKWAY, SUITE 27 11220 METRO PARKWAY, SU FORT MYERS, FL 33912 FORT MYERS, FL 33912					E 27				
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04242006	Chg-LLC	CR2E083 (11/05)		
City & State		1	City & State			4. FEI Number	<u> 4291429</u>	Ar No	oplied For at Applicable
Zip		Country	Zip	Country		5. Certificate	of Status Desired	□ \$5.00 Add Fee Require	ditional
	6. Name	and Address of Current R	legistered Agent			7. Name and	Address of New Reg		
Nar Nar						•			
KERVER, W. MICHAEL 11220 METRO PARKWAY, SUITE 27 FORT MYERS, FL 33912					Street Address (P.O. Box Number is Not Acceptable)				
					City			FL Zip Cod	ө
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									
Fi D	iling Fee i ue by May	is \$50.00 y 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMB			RS/MANAGERS 10.			ADDITIONS/CHANGES			
TITLE	MGR		☐ Delete	TITLE	, i			☐ Change	Addition
NAME STREET ADDRESS	1	JEFFREY ST 60TH STREET, SUITE	= #6	NAM	ET ADDRESS				
CITY-ST-ZIP	ſ	ORT, IA 52807	_ #0	CITY-ST-ZIP					
TITLE NAME	Ę	, <u> </u>	☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS CITY-\$1-ZIP					et address -st-zip				
TITLE			☐ Delete	TITLE	l l			☐ Change	Addition
NAME STREET ADDRESS				NAMI	ET ADDRESS				
CITY-\$T-ZIP					ST-ZIP				
TITLE	☐ Oelete III							Change	Addition
NAME STREET ADDRESS	NAM STR				ET ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE	☐ Delete TITL					•		Change	Addition
NAME				NAM					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP				
TITLE		· • •	☐ Delete	TITLE				☐ Change	Addition
NAME				NAMI					
					ET ADDRESS ST-ZIP				
	A				1				

11. Thereby 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 acquired 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 of the provided in the company of the receiver of the limited liability company or the receiver of the liability company

SIGNATURE: W. MICHAEL KERVER
SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

W. MICHAEL KERVER

4-24-06

239-939-9996

Date Daytime Phone #