


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

L05000006971

<b>DOCUMENT # L05000006971</b> 1. Entity Name <b>OUELLETTE PROPERTIES, LLC</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP -7 AM 10: 09

Principal Place of Business <b>50 OAK STREET BABSON PARK, FL 33827</b>	Mailing Address <b>50 OAK STREET BABSON PARK, FL 33827</b>
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05/11/06 90018 033 \$55.00  
03272008 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>20-2228987</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>OUELLETTE, CHARLES W JR 50 OAK STREET BABSON PARK, FL 33827</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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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 remaining) 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	MGRM OUELLETTE, CHARLES W JR 50 OAK STREET BABSON PARK, FL 33827	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	50 OAK STREET BABSON PARK, FL 33827		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	MGRM OUELLETTE, MICHELE ELAINE 50 OAK STREET BABSON PARK, FL 33827	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	50 OAK STREET BABSON PARK, FL 33827		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		

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: Charles William Ouellette Jr. (7/11/06) 063  
938  
9068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #