

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

01-26-2006 90070 050 ****50.00

DOCUMENT # L05000009061 1. Entity Name PILER PROPERTIES, LLC					
Principal Place of Business 4475 HIGHWAY U.S. 1 SOUTH, SUITE 504 ST. AUGUSTINE, FL 32086			Mailing Address 4475 HIGHWAY U.S. 1 SOUTH, SUITE 504 ST. AUGUSTINE, FL 32086		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01172006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 59-3795821				☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINS, ELIZABETH 4475 HIGHWAY U.S. 1 SOUTH, SUITE 504 ST. AUGUSTINE, FL 32086			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROBINS, ELIZABETH 4475 HIGHWAY U.S. 1 SOUTH, SUITE 504 ST. AUGUSTINE, FL 32086	10. ADDITIONS/CHANGES			
☐ Delete		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
☐ Delete		☐ Change ☐ Addition			
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☐ Delete		☐ Change ☐ 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: <i>Elizabeth Robins</i> Elizabeth Robins 1/14/06					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					