


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90132 017 \*\*\*\*50.00

<b>DOCUMENT #</b> L05000009436	
<b>1. Entity Name</b> TEUTON PROPERTIES, L.L.C.	

<b>Principal Place of Business</b> 1851 NE 28TH TERRACE POMPANO BEACH FL 33062	<b>Mailing Address</b> 1851 NE 28TH TERRACE POMPANO BEACH FL 33062
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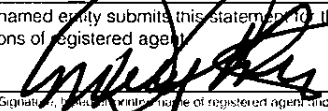
<b>2. Principal Place of Business</b> <del>SEPT</del> 3466 NE 12 Terr. City & State OAKLAND PARK, FL.	<b>3. Mailing Address</b> 1851 NE 28 Terr. City & State POMPANO BEACH, FL.
<b>Zip</b> 33334	<b>Country</b> Broward
<b>Zip</b> 33062	<b>Country</b> Broward



1st MOORE CR2E083 (10/05)

<b>4. FEI Number</b> 263271628	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> TEUTON, DOUGLAS W 1851 NE 28TH TERRACE POMPANO BEACH FL 33062	
<b>7. Name and Address of New Registered Agent</b> Name: DOUGLAS W. TEUTON Street Address (P.O. Box Number is Not Acceptable): 1851 NE 28 Terr. City: Pompano Beach FL Zip Code: 33062	

**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.**

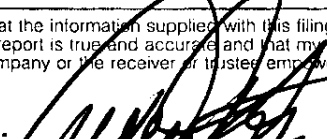
**SIGNATURE**  **DATE** 1/30/06

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> TEUTON, DOUGLAS W 1851 NE 28TH TERRACE POMPANO BEACH FL 33062	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 Section 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:**  **DATE** 1/30/06

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