

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-23-2006 90265 039 ****50.00

DOCUMENT # L05000010657					
1. Entity Name S AND T PROPERTIES, LLC					
Principal Place of Business 1955 CR 210 W JACKSONVILLE, FL 32259			Mailing Address 1955 CR 210 W JACKSONVILLE, FL 32259		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2263140	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, GLEN C 1955 CR 210 W JACKSONVILLE, FL 32259			-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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	MGR ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SMITH, GLEN C		NAME		
STREET ADDRESS	1955 CR 210 W		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32259		CITY - ST - ZIP		
TITLE	MGRM ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	THOMAS, ROBERT A		NAME		
STREET ADDRESS	100 POND VIEW COURT		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32259		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date Daytime Phone #	