

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 08, 2006 8:00 am
Secretary of State

04-28-2006 90019 046 ****50.00

DOCUMENT # L05000018639 1. Entity Name WILDFIRE PROPERTIES, LLC					
Principal Place of Business 5409 CRESCENT DR TAMPA FL 33611			Mailing Address 5409 CRESCENT DR TAMPA FL 33611		
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 ☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)	
6. Name and Address of Current Registered Agent JOHNSON, LEONARD H 37837 MERIDIAN AVE, STE 100 DADE CITY FL 33525			7. Name and Address of New Registered Agent Name Donald F. Sink Street Address (P.O. Box Number is Not Acceptable) 5409 CRESCENT DR City Tampa FL Zip Code 33611		
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 <u><i>Donald F. Sink</i></u> APR 18, 2006 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SINK, DONALD F 5409 CRESCENT DR TAMPA FL 33611	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ 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: <u><i>Donald F. Sink</i></u> APR 18, 2006 813-831-6541 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					