


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90030 020 \*\*\*\*50.00

<b>DOCUMENT # L05000021471</b> 1. Entity Name <b>PROPERTIES OF LAKE HATCHINEHA, LLC</b>					
Principal Place of Business <b>16000 HATCHINEHA ROAD HAINES CITY, FL 33844</b>			Mailing Address <b>P.O. BOX 128 HAINES CITY, FL 33845-0128</b>		
2. Principal Place of Business		3. Mailing Address <b>30 Bass St</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Haines City FL</b>		4. FEI Number <b>20-2434868</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip		Country		6. Name and Address of Current Registered Agent <b>RUSSELL, CHARLES C 323 NORTH 12TH STREET HAINES CITY, FL 33845</b>	
Zip		Country		7. Name and Address of New Registered Agent Name <b>Charles C. Russell</b> Street Address (P.O. Box Number is Not Acceptable) <b>30 BASS ST.</b> City <b>HAINES CITY</b> <b>FL</b> Zip Code <b>33844</b>	
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's signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUSSELL, CHARLES C P.O. BOX 128 HAINES CITY, FL 338450128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUSSELL, PATSY LOU P.O. BOX 128 HAINES CITY, FL 338450128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOLES, JOHN H 3075 EAST BAKER AVENUE HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOLES, JOANN L 3075 EAST BAKER AVENUE HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOLES, JOANN L 3075 EAST BAKER AVENUE HAINES CITY, FL 33844	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOLES, JOANN L 3075 EAST BAKER AVENUE HAINES CITY, FL 33844	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOLES, JOANN L 3075 EAST BAKER AVENUE HAINES CITY, FL 33844	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Charles C. Russell</u>				Date <u>4-10-6</u> Daytime Phone # <u>863-439-6880</u>	