

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021751

FILED  
Apr 08, 2006  
Secretary of State

Entity Name: GAR SHING PROPERTIES, LLC

**Current Principal Place of Business:**

P.O. BOX 149282  
ORLANDO, FL 32814

**New Principal Place of Business:**

P.O. BOX 783572  
WINTER GARDEN, FL 34778

**Current Mailing Address:**

P.O. BOX 149282  
ORLANDO, FL 32814

**New Mailing Address:**

P.O. BOX 783572  
WINTER GARDEN, FL 34778

FEI Number: 20-3162033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUACH, DINH K  
1217 E. COLONIAL DR  
ORLANDO, FL, FL 32803 US

**Name and Address of New Registered Agent:**

QUACH, DINH  
1217 E. COLONIAL DR  
ORLANDO, FL, FL 32803 US

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.

SIGNATURE: DINH QUACH

04/08/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KHA, BO C  
Address: 5848 OXFORD MOOR BLVD  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete  
Name: KHA, DONNA  
Address: 5848 OXFORD MOOR BLVD  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONNA KHA

MGRM

04/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date