


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90031 017 ****50.00

DOCUMENT # L05000024208	
1. Entity Name PROPERTY IR3, LLC	

Principal Place of Business 1280 GULF BOULEVARD BLVD. BELLAIR SHORE, FL 33786	Mailing Address 1280 GULF BOULEVARD BLVD. BELLAIR SHORE, FL 33786
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2. Principal Place of Business P.O. Box 8750	3. Mailing Address P.O. Box 8750
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SEMINOLE, FL	City & State SEMINOLE, FL
Zip 33775	Country USA



04122006 Chg-LLC CR2E083 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SURETTE, RICHARD L 1280 GULF BOULEVARD BLVD. BELLAIR SHORE, FL 33786	
7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**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 MANAGING MEMBER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHARD SURETTE		NAME	
STREET ADDRESS P.O. Box 8750	} NEW ADDRESS	STREET ADDRESS	
CITY-ST-ZIP SEMINOLE, FL 33775		CITY-ST-ZIP	
TITLE MANAGING MEMBER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEVIN SURETTE		NAME	
STREET ADDRESS P.O. Box 8750	} NEW ADDRESS	STREET ADDRESS	
CITY-ST-ZIP SEMINOLE, FL 33775		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **4/20/06** **(727) 410-5428**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**