2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 02, 2006 8:00 am Secretary of State

1. Entity Name	1ENT # L050000 I PROPERTIES, LLC	25770				01-10-20	006 90042	004 ***	***50.00
Principal Place of 2810 OLD BAY TAMPA, FL 33	SHORE WAY	Mailing Address 2810 OLD BAYSHORE TAMPA, FL 33611	2810 OLD BAYSHORE WAY						
2. Principal Pla	ce of Business	3. Mailing Address		··········					
Suite, Apt. #, etc.		Suite Ant # ato	Suite, Apt. #, etc.			n esser ann 66M 69M 6	SMI BENE MESI SINI	10 Til #931# #3	1681 M 1881
oute, Apr. W. de.		Эше, Арг. » , етс.	Cotta, Apr. W. atc.			Chg-LLC	CR2E083	3 (11/05)	
City & State		City & State	City & State		4. FEI Numb	<u> </u>	Applied For Not Applicable		
Zip	Country	Zip	Country			of Status Desired	□ \$	5.00 Add	itional
	6. Name and Address of Curr	rent Registered Agent	1		7. Name and	d Address of New			
SAAVEĎRA	HENRY G		N	ame					
	AYSHORE WAY		St	reet Address (P.O. Box Numb	er is Not Acceptat	ole)		
	00011								
			0	ity			FL	Zip Code	•
V FIII	grebire, hyped or priviled herne of registered ng Fee Is \$50,00 p by May 1, 2006	agent and life If applicable. (NO	OTE: Registered Age	nt Highware required	I when reinstating)		DATE ike check pay da Departmen		•
9.	MANAGING ME	MBERS/MANAGERS	10.	··		ADDITION:	S/CHANGES	_	
TITLE NAME	MGRM McKENNA, STEVE 618 BospHorus	Delete .	TITLE NAME				Į.	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	618 Bosphorus TAmpa, FL 33602	<u>.</u>	STREET AD CITY-ST-2						
TITLE	, 	☐ Delete	TITLE	· · · - · · ·				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET AD CITY-ST-2						
TITLE	· ····································	C Oelete	TITLE NAME				C] Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET AD CITY-ST-Z		<u></u>	=-			
TITLE NAME STREET ADDRESS		☐ Delate	PITLE NAME STREET AD	1			E] Change	Addition
TITLE MAME STREET ADDRESS		☐ Delete	TITLE NAME STREET AD				C] Change	Addition
CITY-ST-ZIP IITLE NAME STREET ADDRESS		☐ Delcte	TITLE NAME STREET AD	07625) Change	Addition
indicated o	in this report is true and accurate lity company or the receiver or tr	with this filing does not qualify to and that my signature shall nave ustee empowered to execute this	e the same leg s report as req	ons contained is all effect as if muired by Chapt	rade under oath	n; that I am a mana Statutes.	further certify the aging member of the second seco	r manager	of the



Division of Corporations

January 16, 2006

HAVE FUN PROPERTIES, LLC 2810 OLD BAYSHORE WAY TAMPA, FL 33611

Subject: HAVE FUN PROPERTIES, LLC

Reference Number:

L05000025770

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al ANNUAL REPORTS SECTION

ATTACHMENT 3000194 10500025 770



Internal Revenue Service

DEPARTMENT OF THE TREASURY

Digital Daily

HAVE FUS PROPORTIES, UC

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-2597853

Today's Date is: March 31, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days. The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Review and Print Form SS-4

Fill Out Another Form SS-4

Click <u>here</u> to return to the Internet Employer Identification Number landing (start) page.