

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90036 039 ****50.00

DOCUMENT # L05000026916

1. Entity Name
PROPERTY TRADING LLC



| | |
|---|---|
| Principal Place of Business C/O JANE LAMBERSON & SWOPE LAMBERSON 8955 FONTANA DEL SOL WAY NAPLES, FL 34108-0124 | Mailing Address C/O JANE LAMBERSON & SWOPE LAMBERSON 8955 FONTANA DEL SOL WAY NAPLES, FL 34108-0124 |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business C/O Marc F. Oates, P.A. 5515 Bryson Drive | 3. Mailing Address C/O Marc F. Oates, P.A. 5515 Bryson Drive |
|--|--|

| | |
|---|---|
| Suite, Apt. #, etc. Suite 502 | Suite, Apt. #, etc. Suite 502 |
|---|---|

| | |
|-----------------------------------|-----------------------------------|
| City & State Naples, FL | City & State Naples, FL |
|-----------------------------------|-----------------------------------|

| | | | |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip 34109 | Country USA | Zip 34109 | Country USA |
|---------------------|-----------------------|---------------------|-----------------------|

03232006 Chg-LLC CR2E083 (11/05)

| | |
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| 4. FEI Number 20-3028467 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAMBERSON, JANE E
8955 FONTANA DEL SOL WAY
NAPLES, FL 34108-0124**

7. Name and Address of New Registered Agent

Name **Marc F. Oates, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

5515 Bryson Drive, Suite 502

City **Naples**

FL

Zip Code **34109**

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 **Marc F. Oates, Esq.**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

M F Oates **4-4-06**

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/30/06

Date

239-598-1136

Daytime Phone #