

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000028023

**FILED**  
**Feb 24, 2006**  
**Secretary of State**

**Entity Name:** CTA PROPERTY MANAGEMENT LLC

**Current Principal Place of Business:**

11351 S. ORANGE AVE (WEATHER BEE EXT.)  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 450603  
KISSIMMEE, FL 34745 US

**New Mailing Address:**

PO BOX 451987  
KISSIMMEE, FL 34745 US

**FEI Number:** 20-2624286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATAS, PAOLA E  
5216 LONESOME DRIVE  
KISSIMMEE, FL 34746 US

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

MATAS, PAOLA E  
11351 S WEATHERBEE EXT  
ORLANDO, FL 32824 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:

02/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MATAS, PAOLA E  
Address: 5216 LONESOME DOVE DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MATAS, PAOLA E  
Address: PO BOX 451987  
City-St-Zip: KISSIMMEE, FL 34745

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: PAOLA E MATAS

P

02/24/2006

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