

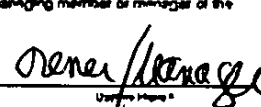
Thursday, March 16, 2006 12:17 PM

Barbara Smith-Lombardi (239) 642-8323

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

03-23-2006 90270 005 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000028100			
1. Entity Name ARCHANGEL PROPERTY MANAGEMENT, DBA MEN AT WORK, LLC			
Principal Place of Business 292 BELINA DRIVE SUITE 7 NAPLES, FL 34104 US		Mailing Address 292 BELINA DRIVE SUITE 7 NAPLES, FL 34104 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 75-3199143		Applied For Not Applicable	
5. Certificate of Status Declared ☐		Additional Fee Required ☐	
6. Name and Address of Current Registered Agent MESSIRES, PETER 292 BELINA DRIVE SUITE 7 NAPLES, FL 34104		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 certifies this statement for the purpose of changing its registered office or registered agent, as both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 3/20/06 Signature typed or printed name of registered agent and date if applicable. (DO NOT: Registered Agent signature required when releasing)			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MESSIRES, PETER 292 BELINA DRIVE NAPLES, FL 34104 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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, even if I am a managing member or manager of the limited liability company or the nominee or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  DATE: 4/1/06  Signature typed or printed name of the managing member, manager, or authorized representative			

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03162006 Ctg-LLC CR2E083 (11/05)