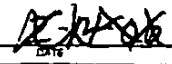


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jun 22, 2006 8:00 am
Secretary of State

04-28-2006 90015 029 ****50.00

DOCUMENT # L05000029492					
1. Entity Name GUANAJA PROPERTIES, LLC					
Principal Place of Business 8494 NAVARRE PARKWAY NAVARRE FL 32566			Mailing Address 8494 NAVARRE PARKWAY NAVARRE FL 32566		
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 20-2622729	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PULLUM, BART R 8494 NAVARRE PARKWAY NAVARRE FL 32566				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 removing agent) 					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE	10. ADDITIONS/CHANGES				
NAME	☐ Change ☐ Addition				
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  2-14-06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					