

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90050 013 ****50.00

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01052006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000034495 1. Entity Name FALCON PROPERTIES, LLC					
Principal Place of Business 6166 SEASIDE DRIVE NEW PORT RICHEY, FL 34652			Mailing Address 6166 SEASIDE DRIVE NEW PORT RICHEY, FL 34652		
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			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MALTESE, DAN 6166 SEASIDE DRIVE NEW PORT RICHEY, FL 34652			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 reinstating) DATE _____					
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	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALTESE, NICK		NAME		
STREET ADDRESS	1520 N CROOKED BRANCH DR		STREET ADDRESS		
CITY - ST - ZIP	LECANTO, FL 34461		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALTESE, PATTI		NAME		
STREET ADDRESS	1520 N CROOKED BRANCH DR		STREET ADDRESS		
CITY - ST - ZIP	LECANTO, FL 34461		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALTESE, DAN		NAME		
STREET ADDRESS	6166 SEASIDE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALTESE, LISA A		NAME		
STREET ADDRESS	6166 SEASIDE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Daniel Maltese</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
<i>Daniel Maltese</i>			Date <i>3/28/06</i> Daytime Phone # <i>727-688-1385</i>		