## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Aug 14, 2006 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # L05000035319 08-14-2006 90123 007 \*\*\*\*50.00 CHRISTIAN PROPERTY MANAGMENT LLC Principal Place of Business Mailing Address 109 A 2ND STREET 4817 N. HARVARD STREET ST. AUGUSTINE FL 32080 PORTLAND OR 97203 2. Principal Place of Business 3. Mailing Address DAME Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/06) 4. FEI Number 56-2508481 Applied For City & State · City & State ABBOOTH TO BETTE Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIEDRICH, DAMIAN C Street Address (P.O. Box Number is Not Acceptable) 109 A 2ND STREET ST. AUGUSTINE FL 32080 City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE ☐ Defete TITLE Change ☐ Addition DIEDRICH, DAMIAN C NAME NAME 4817 N. HARVARD STREET STREET ADDRESS STREET ADDRESS PORTLAND OR 97203 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ΠL£ ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP $\Pi\Pi F$ Delete TITLE Addition ☐ Change NAME NAME STREET ACCRESS STRÉET ADDRESS CITY-ST-7P CITY+ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ 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 or 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

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

NAME

STREET ADDRESS

CITY-ST-ZIP

-8-7-06 (503)516-5006

FILED