

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2006 8:00 am
Secretary of State

05-08-2006 90040 014 ****50.00

DOCUMENT # L05000037558					
1. Entity Name PARIS PROPERTIES, LLC					
Principal Place of Business 346 WEST GRAHAM PARK HAINES CITY FL 33844			Mailing Address 346 WEST GRAHAM PARK HAINES CITY FL 33844		
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 20-6371201	
				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, BARBARA 346 WEST GRAHAM PARK HAINES CITY FL 33844				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 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 signatures required when certifying)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COOK, BARBARA		NAME		
STREET ADDRESS	346 WEST GRAHAM PARK		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL 33844		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TULLOCK, CHARLOTTE		NAME		
STREET ADDRESS	7334 OUALE MEADOW LANE		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28210		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PARIS, HOWARD		NAME		
STREET ADDRESS	145 HUDSON HILLS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PITTSBORO NC 27312		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 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 606, Florida Statutes.					
SIGNATURE: <i>Barbara Cook</i>			Date: 4-20-06 Daytime Phone: 963 4221550		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					