

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038607

FILED
Apr 24, 2006
Secretary of State

Entity Name: LIKE NEW PROPERTIES, LLC

Current Principal Place of Business:

6700 S. FLORIDA AVENUE, STE 20
LAKELAND, FL 33811

New Principal Place of Business:

6700 S. FLORIDA AVENUE, STE 25
LAKELAND, FL 33811

Current Mailing Address:

6700 S. FLORIDA AVENUE, STE 20
LAKELAND, FL 33811

New Mailing Address:

6700 S. FLORIDA AVENUE, STE 25
LAKELAND, FL 33811

FEI Number: 20-2938070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRISH, JAMES W
6700 S. FLORIDA AVE., STE 20
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

PARRISH, JAMES W
6700 S. FLORIDA AVE., STE 25
LAKELAND, FL 33813 US

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.

SIGNATURE: JAMES W PARRISH

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PARRISH, JAMES W
Address: 6700 S. FLORIDA AVE., STE 20
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Delete
Name: KARNs, JEFF
Address: 6700 S. FLORIDA AVE., STE 20
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES W PARRISH

MGRM

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date