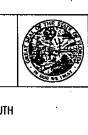
## **2006 LIMITED LIABILITY COMPANY**

## ANNUAL REPORT DOCUMENT #1.05000041975



## FILED Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90052 027 \*\*\*\*50.00

1. Entity Name SNIDER REALTY TRUST, LLC							04-24-2000 900	32 027 30	00
Principal Place of Business 6931 COMPTON LANE SOUTH NAPLES, FL 34104			Mailing Address 6931 COMPTON LANE SOUTH NAPLES, FL 34104			ğυu	30 H * "		
2. Principal P	lace of Busir	ness	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02272006	Chg-LLC (	CR2E083 (11/05)	
City & State			City & State			4. FEI Numb			
Zip Cour		Country	Zip	Cour	ntry		•••	□ \$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
SNIDER, N 6931 COM NAPLES, I	IPTON LA	NE SOUTH	Street Addres		Street Address (	(P.O. Box Number is Not Acceptable)			
					City	·		FL Zip Cod	9
8. The above	named entit	y submits this statement for lered agent.	the purpose of changing it	s register	ed office or register	red agent, or bo	oth, in the State of Florida		and accept
SIGNATURE	_								
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NO	TE: Hegistere	ed Agent signature required	d when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006								heck payable to epartment of State	•
9.		MANAGING MEMBER	L RS/MANAGERS	10.			ADDITIONS/CH	ANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I	MARK A MPTON LANE SOUTH FL 34104	☐ Delete		_			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6931 CO	KRISTAL W MPTON LANE SOUTH FL 34104	☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Change .	Addition
indicated	on this repo	e information supplied with rt is true and accurate and t ny or the receiver or trustee	hat my signature shall have	the same	e legal effect as if n	nade under oat	h: that I am a managing	er certify that the info member or manage	rmation or of the

Strista WSnort/20/06 239-261-6268

GER, OR AUTHORIZED REPRESENTATIVE

Deform Phone P SIGNATURE: