



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90268 049 ****50.00

DOCUMENT # L05000042638					
1. Entity Name LLC PROPERTY GROUP, LLC					
Principal Place of Business 13940 U. S. HIGHWAY 441 BUILDING 100, SUITE 101 LADY LAKE, FL 32159			Mailing Address 13940 U. S. HIGHWAY 441 BUILDING 100, SUITE 101 LADY LAKE, FL 32159		
2. Principal Place of Business 3041 SANDY LN		3. Mailing Address 3041 SANDY LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State THE VILLAGES FL		City & State THE VILLAGES FL			
Zip 32162		Country USA		4. FEI Number 20-3067258	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DEE, HARTMAN 13940 U. S. HIGHWAY 441 BUILDING 100, SUITE 101 LADY LAKE, FL 32159			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: <u>[Signature]</u> DEE HARTMAN <i>MGRM</i> 3/13/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 MGRM NAME HARTMAN, DEE STREET ADDRESS 1358 AUGUSTINE DRIVE CITY-ST-ZIP THE VILLAGES, FL 32162	<input type="checkbox"/> Delete		TITLE MGRM NAME ROEDL, SUZANNE STREET ADDRESS 3041 SANDY LN CITY-ST-ZIP THE VILLAGES FL 32162	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGRM NAME CHO, ILLWAN STREET ADDRESS 17776 SE 115 COURT CITY-ST-ZIP SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME LEE, BYUNG STREET ADDRESS 1370 WINGED FOOT DRIVE CITY-ST-ZIP APOPKA, FL 32712	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME LEE, YONG STREET ADDRESS 1370 WINGED FOOT DRIVE CITY-ST-ZIP APOPKA, FL 32712	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME ROEDL, LAWRENCE STREET ADDRESS 3041 SANDY LANE CITY-ST-ZIP THE VILLAGES, FL 32162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME LEACH, ROBERT STREET ADDRESS 13940 US HIGHWAY 441 CITY-ST-ZIP LADY LAKE, FL 32159	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>[Signature]</u> <i>MGRM</i> 3/13/06 352-259-3916 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					