## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## Jun 08, 2006 8:00 am **Secretary of State** DOCUMENT # L05000045592 05-02-2006 90030 044 \*\*\*\*50.00 PROPERTY ACQUISITION, LLC Principal Place of Business Mailing Address 000000000 P.O. BOX 20438 P.O. BOX 20438 TALLAHASSEE, FL 32316 TALLAHASSEE, FL 32316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 04282006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 03-0563527 Not Applicable Zip Country Zίσ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANAUSA DANIFI E Street Address (P.O. Box Number is Not Acceptable) 3520 THOMASVILE ROAD, 4TH FLOOR TALLAHASSEE, FL 32309 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2008 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10, ADDITIONS/CHANGES MGRM TITLE Change ☐ Delette TITLE Addition Kesper Josh. KASPER, JOHN STREET ADDRESS P.O. BOX 20438 STREET ADDRESS CITY-ST-71P TALLAHASSEE, FL 32316 CITY-ST-ZIP TITLE ☐ Defeta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_TITLE \_\_ \_\_ Delete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE TITLE ☐ Defete ☐ Change ☐ Addition NAME WE STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.

EIGHING MANAGING MENBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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156-523-1398

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