FROM : FAX NO. :8168661

FILED
Apr 14, 2006 8:00 am
Secretary of State

3/28/. 03-28-2006 90013 004 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000046020

1. Entity Name
SUOJANEN COMMERCIAL PROPERTIES - BRANDON, LLC

30005116

Principal Place of Business	Mailing Address
13128 S.R. 54 ODESSA FL 33556	13128 S.R. 54 ODESSA FL 33556

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03042006 Chg-LLC CR2E063 (11/05)

4. FEI Number 52-2459580 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLLINKA, DAVID J 2312 U.S. HIGHWAY 19 HOLIDAY, FL 34691	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUOJANEN COMMERCIAL PROPERTIES, LLC 13128 S.R. 54 ODESSA, FL 33556 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ______________________ 3/13/06 813 926-0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

(IRS USE ONLY) 575F ATTACHMENT 05-20-2005 SUOJ 0 0134965168 SS-4

30005116

#L050000046020

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Keep this part for your records. CP 575 F (Rev. 1-2005)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 F

0134965168

Your Telephone Number ( ) -

Best Time to Call

DATE OF THIS NOTICE: 05-20-2005
EMPLOYER IDENTIFICATION NUMBER: 52-2459580
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

SUOJANEN COMMERCIAL PROPERTIES - BRANDON LLC
SUOJANEN ERIK SOLE MBR
13120 S R 54
ODESSA FL 33556