FROM: FAX NO. :8168661

FILED
Apr 14, 2006 8:00 am
Secretary of State
03-28-2006 90013 003 ****50.00

3/28/2

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000046023

1. Entity Name
SUOJANEN COMMERCIAL PROPERTIES - ODESSA, LLC

30005115

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 CR2E083 (11/05)

4. FEI Number 52-2459587 ☐ 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 ☐ Delete SUOJANEN COMMERCIAL PROPERTIES, LLC 13128 S.R. 54 ODESSA, FL 33556	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 6707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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

ATTACHMENT
30005115
#L050000046023

01465

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: 52-2459587
FORM: SS-4 NOBOD

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

SUOJANEN COMMERCIAL PROPERTIES -
ODESSA LLC
SUOJANEN ERIK
13128 S R 54
ODESSA FL 33556