

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046644

FILED
Jul 11, 2006
Secretary of State

Entity Name: S & L INVESTMENT PROPERTIES, LLC

Current Principal Place of Business:

3717 N. PINE HILLS ROAD
ORLANDO, FL 32808

New Principal Place of Business:

3717 N. PINE HILLS ROAD
ORLANDO, FL 32808 US

Current Mailing Address:

3717 N. PINE HILLS ROAD
ORLANDO, FL 32808

New Mailing Address:

3717 N. PINE HILLS ROAD
ORLANDO, FL 32808 US

FEI Number: 06-1747138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REINHARDT, ERIC C
13340 W. COLONIAL DRIVE
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: ORSOLITS, STEPHEN N
Address: 3717 N. PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32808 US

Title: MGRM () Change (X) Addition
Name: STUART, LARRY G
Address: 9312 TIBET POINTE CIRCLE
City-St-Zip: WINDERMERE, FL 34786 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LARRY STUART

MGRM

07/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date