2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046958

FILED
Apr 27, 2006
Secretary of State

Entity Name: RYAN INVESTMENT PROPERTIES, LLC

Current Principal Place of Business:

9173 TROON LAKES DRIVE
NAPLES, FL 34109

New Principal Place of Business:

5695 SAGO COURT
NAPLES, FL 34119

Current Mailing Address:

9173 TROON LAKES DRIVE
NAPLES, FL 34109

New Mailing Address:

5695 SAGO COURT
NAPLES, FL 34119

FEI Number: 32-0151656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYAN, JOHN M
9173 TROON LAKES DRIVE
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

RYAN, JOHN M
5695 SAGO COURT
NAPLES, FL 34119 US

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: 04/27/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	RYAN, JOHN M	
Address:	9173 TROON LAKES DRIVE	
City-St-Zip:	NAPLES, FL 34109	
Title:	MGRM	( ) Delete
Name:	RYAN, SUSAN J	
Address:	9173 TROON LAKES DRIVE	
City-St-Zip:	NAPLES, FL 34109	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	RYAN, JOHN M	
Address:	5695 SAGO COURT	
City-St-Zip:	NAPLES, FL 34119	
Title:	MGRM	(X) Change ( ) Addition
Name:	RYAN, SUSAN J	
Address:	5695 SAGO COURT	
City-St-Zip:	NAPLES, FL 34119	

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: KYE J. STEFFEY ATTY 04/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date