

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90054 002 \*\*\*\*50.00

**DOCUMENT # L05000049667**

1. Entity Name  
**N&E PROPERTIES LLC**



Principal Place of Business  
**8966 HERITAGEBAY CIRCLE  
ORLANDO, FL 32836**

Mailing Address  
**8966 HERITAGEBAY CIRCLE  
ORLANDO, FL 32836**

**20051455**



2. Principal Place of Business

**6111 Linneal Beach Dr**

3. Mailing Address

**6111 Linneal Beach Dr**

03212006 Chg-LLC CR2E083 (11/05)

City & State

**Apopka FL**

City & State

**Apopka FL**

4. FEI Number

**20-4467078**

Applied For

Not Applicable

Zip

**32703**

Country

**USA**

Zip

**32703**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BECKER, DAVID I  
8966 HERITAGEBAY CIRCLE  
ORLANDO, FL 32836**

7. Name and Address of New Registered Agent

Name

**Nancy Kaplan**

Street Address (P.O. Box Number is Not Acceptable)

**6111 Linneal Beach Dr**

City

**Apopka**

**FL**

Zip Code

**32703**

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 individual applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Nancy Kaplan**

**4/12/06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BECKER, ELIZABETH	
STREET ADDRESS	8966 HERITAGEBAY CIRCLE	
CITY - ST - ZIP	ORLANDO, FL 32836	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KAPLAN, DAVID	
STREET ADDRESS	6111 LINNEAL BEACH DR	
CITY - ST - ZIP	APOPKA, FL 32703	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KAPLAN, NANCY	
STREET ADDRESS	6111 LINNEAL BEACH DR	
CITY - ST - ZIP	APOPKA, FL 32703	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BECKER, DAVID I	
STREET ADDRESS	8966 HERITAGEBAY CIRCLE	
CITY - ST - ZIP	ORLANDO, FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

**SIGNATURE:**

**Nancy Kaplan**

**Nancy Kaplan**

Date

Daytime Phone #

**4/12/06 407-356-9454**