

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050231

FILED  
Jan 08, 2006  
Secretary of State

Entity Name: NDEMAND PROPERTIES, LLC

## Current Principal Place of Business:

1515 INTERNATIONAL PARKWAY  
1019  
LAKE MARY, FL 34786

## New Principal Place of Business:

1515 INTERNATIONAL PARKWAY  
1019  
LAKE MARY, FL 32746

## Current Mailing Address:

1515 INTERNATIONAL PARKWAY  
1019  
LAKE MARY, FL 34746

## New Mailing Address:

FEI Number: 20-2870830      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BREEN, LAWRENCE A III  
1515 INTERNATIONAL PARKWAY  
1019  
LAKE MARY, FL 32746 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: MGRM ( ) Delete  
Name: BREEN, LAWRENCE A III  
Address: 1515 INTERNATIONAL PARKWAY, #1019  
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM ( ) Delete  
Name: JACKSON, KRISTEN M  
Address: 1019 INTERNATIONAL PARKWAY, #1019  
City-St-Zip: LAKE MARY, FL 32476

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LAWRENCE A. BREEN, III

MGRM

01/08/2006

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