


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

04-14-2006 90034 037 ****50.00

DOCUMENT # L05000052825																																															
1. Entity Name FLA PROPERTY INVESTMENTS LLC																																															
Principal Place of Business 2608 MAYLIN DR TRINITY, FL 34655			Mailing Address 2608 MAYLIN DR TRINITY, FL 34655																																												
2. Principal Place of Business			3. Mailing Address																																												
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip	Country	Zip	Country	4. FEI Number <div style="border: 1px solid black; padding: 2px;">20-2912081</div>																																											
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																											
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																											
GARNES, FRED 2608 MAYLIN DRIVE TRINITY, FL 34655				Name Fred Garnes																																											
				Street Address (P.O. Box Number is Not Acceptable)																																											
				1813 Arbor Knoll Loop																																											
				City Trinity	FL - Zip Code 34655																																										
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____																																															
Filing Fee is \$30.00 Due by May 1, 2006			Make check payable to Florida Department of State																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> MGR GARNES, FRED 2608 MAYLIN DR TRINITY, FL 34655 </td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> MGR Fred Garnes 1813 Arbor Knoll Loop Trinity, FL 34655 </td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> MGR GARNES, BRENT 2608 MAYLIN DR TRINITY, FL 34655 </td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> MGR D'EGIDIO, FRANCIS H 75 GRAND BLVD. HUNTINGTON, WV 25705 </td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARNES, FRED 2608 MAYLIN DR TRINITY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Fred Garnes 1813 Arbor Knoll Loop Trinity, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARNES, BRENT 2608 MAYLIN DR TRINITY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'EGIDIO, FRANCIS H 75 GRAND BLVD. HUNTINGTON, WV 25705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 it 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 606, Florida Statutes.																																															
SIGNATURE: <u>Fred P. Garnes</u> 4-11-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																															



ATTACHMENT

30006654

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2006

~~FLA PROPERTY INVESTMENTS LLC
2608 MAYLIN DR
TRINITY, FL 34655~~

FIA PROPERTY
1813 ARBOR KNOLL LOOP
TRINITY FL 34655

Subject: **FLA PROPERTY INVESTMENTS LLC**

Reference Number:

L05000052825

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD

ANNUAL REPORTS SECTION