2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057556

2137 FAIRFAX AVENUE, #2-B

NASHVILLE, TN 37212

Address:

City-St-Zip:

Entity Name: BOOTSTRAP PROPERTIES, LIMITED LIABILITY COMPANY

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 17119 PERDIDO KEY DRIVE, #C-34 PENSACOLA, FL 32507 **Current Mailing Address: New Mailing Address:** 17119 PERDIDO KEY DRIVE, #C-34 PENSACOLA, FL 32507 FEI Number: 20-2979372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JUDSON, ROBERT P 17119 PERDIDO KEY DRIVE, #C-34 PENSACOLA, FL 32507 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete JUDSON, ROBERT P Name: Name: 17119 PERDIDO KEY DRIVE, #C-34 Address: Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition JUDSON, MATTHEW C Name: JUDSON, MATTHEW C Name: Address: 2106 FAIRFAX AVENUE, #13 Address: 2309 MAPLECREST DR. City-St-Zip: NASHVILLE, TN 37212 City-St-Zip: NASHVILLE, TN 37214 Title: MGRM () Delete Title: () Change () Addition JUDSON, KATHLEEN A Name: Name: 17119 PERDIDO KEY DRIVE, #C-34 Address: Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: (X) Change () Addition Title: MGRM () Delete Title: MGRM Name: HARRINGTON, MARY P Name: HERRINGTON, MARY P 2403 GOLDENROD Address: Address: 2403 GOLDENROD City-St-Zip: SARASOTA, FL 34239 City-St-Zip: SARASOTA, FL 34239 Title: MGRM () Delete Title: MGRM (X) Change () Addition MCHENRY, MELISSA E MCHENRY, MELISSA E Name: Name:

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.

Address:

City-St-Zip:

2309 MAPLECREST DR.

NASHVILLE, TN 37214

SIGNATURE: ROBERT P. JUDSON MGRM 04/27/2006