

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

04-28-2006 90012 003 ****50.00

DOCUMENT # L05000057616 1. Entity Name BOTTOM LINE PROPERTIES, LLC					
Principal Place of Business 1809 MICCOSUKEE COMMONS DR SUITE 108 TALLAHASSEE, FL 32308			Mailing Address PO BOX 12612 TALLAHASSEE, FL 32317		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03272006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-2991141				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARD A. GLOVER, CPA, PA 1809 MICCOSUKEE COMMONS DR SUITE 108 TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GLOVER, RICHARD A PO BOX 12612 TALLAHASSEE, FL 32317		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GLOVER, GRAHAM J PO BOX 12612 TALLAHASSEE, FL 32317		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 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: <i>Richard A. Glover</i> 4/26/06 (850) 422-1042 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					