

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057793

FILED  
Feb 23, 2006  
Secretary of State

Entity Name: COMBINED PROPERTIES, LLC

## Current Principal Place of Business:

401 TRINITY HILLS LANE  
LOUISVILLE, KY 40207 US

## New Principal Place of Business:

48 MIDWAY ISLAND  
CLEARWATER BEACH, FL 33767 US

## Current Mailing Address:

401 TRINITY HILLS LANE  
LOUISVILLE, KY 40207 US

## New Mailing Address:

48 MIDWAY ISLAND  
CLEARWATER BEACH, FL 33767 US

FEI Number: 20-2985949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRINSTED, JONATHAN  
48 MIDWAY ISLAND  
CLEARWATER BEACH, FL 33767 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: HARRIS, TRUETT E  
Address: 401 TRINITY HILLS LANE  
City-St-Zip: LOUISVILLE, KY 40207 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HARRIS, TRUETT E  
Address: 470 N. HARBOR DRIVE NW  
City-St-Zip: SANDY SPRINGS, GA 30328 US

Title: MGRM ( ) Change (X) Addition  
Name: JONATHAN, GRINSTED P  
Address: 48 MIDWAY ISLAND  
City-St-Zip: CLEARWATER BEACH, FL 33767 US

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: JONATHAN GRINSTED

MGRM

02/23/2006

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