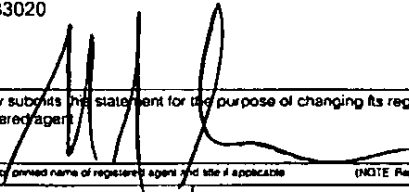
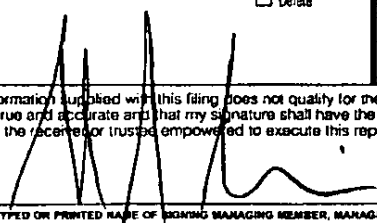


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

37

FILED
Apr 26, 2006 8:00 am
Secretary of State

03-28-2006 90012 006 ****50.00

DOCUMENT # L05000061433			
1. Entity Name LINHEI PROPERTIES, LLC			
Principal Place of Business 2000 POLK STREET HOLLYWOOD, FL 33020		Mailing Address 2000 POLK STREET HOLLYWOOD, FL 33020	
2. Principal Place of Business 174 BARBERRY LN		3. Mailing Address 174 BARBERRY LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PONTE VEDRA BCH, FL		City & State PONTE VEDRA BCH, FL	
Zip 32082	Country	Zip 32082	Country
4. FEI Number 75-3193997		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STANISH, DANE T 2000 POLK STREET HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name MAIR, HEINZ Street Address (P.O. Box Number is Not Acceptable) 174 BARBERRY LN City PONTE VEDRA BCH FL Zip Code 32082	
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 		DATE 04-06-2006	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAIR, HEINZ AWAYSMEET@PIRTON ROAD, HOLWELL HERTFORDSHIRE SG53SS ENGLAND, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAIR, HEINZ 174 BARBERRY LN PONTE VEDRA BCH, FL 32082 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAIR, LINDA 174 BARBERRY LN PONTE VEDRA BCH, FL 32082 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date 04-06-2006 Daytime Phone # 904-5439771	

30006133



04052006 Chg-LLC CR2E083 (11/05)