3/2

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

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

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000061433

1. Entity Name
LINHEI PROPERTIES, LLC

30006133

Principal Place of Business	Mailing Address
2000 POLK STREET HOLLYWOOD, FL 33020	2000 POLK STREET HOLLYWOOD, FL 33020

04052006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
174 BARBERRY LN	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	7. Name and Address of New Registered Agent
STANISH, DANE T 2000 POLK STREET HOLLYWOOD, FL 33020	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 [signature] DATE 04-06-2006

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			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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] HEINZ J. MAIR 04-06-2006 904-5439771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #