2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

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DOCUMENT # L05000063560 1. Entity Name AINGER CREEK PROPERTIES, LLC								04-24-200 4 U U V Y ::	6 90052	039 ****	50.00		
Principal Place of Business 1474 JORDAN HILLS COURT CLEARWATER, FL 33756				Mailing Address 1474 JORDAN HILLS COURT CLEARWATER, FL 33756				1 0 1 1 1 1 1 1 1 1		111 62113 8 11 28	1920 # CITTO OTTO	1881] 881	
2. Principal Place of Business 4250 Central Avenue				Page Charles Modern			2						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03292006	Chg-LLC	CR2E	083 (11/05)		
City & State		19	FL	St. Pet	ersb	ung F	_	4. FEI Number 20-34	567342		_ 	plied For t Applicable	
Zip _ 337 1	<u> </u>	ISA		33711		Country USA			of Status Desired		\$5.00 Add Fee Required		
	6. Name and	Address	of Current R	legistered Agent				7. Name and	Address of New F	Registered	Agent		
BRUNSON, JOHN M 1474 JORDAN HILLS COURT CLEARWATER, FL 33756							Street Address (F.O. Box Number is Not Acceptable) 42 50 Central Avenue						
						City	Patr	ersbur		FL	Zip Code	 	
8. The above	named entity sub	mits this s	statement for	the purpose of chan	iging its reg				the State of Flo	orida. I am	familiar with,	and accept	
the obliga	ioos of registered	gent	\Box		5 5	,		,	., •	,	1		
SIGNATURE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN									3/34	Joseph Land			
/_	Skinature, typed or print	ed lama of A	Spiste ed agent an	id title if applicable.	(NOTE: Re	gistered Agent signate	beriuper ex	SOV) when reinstating)		DATE			
Di	Skinature typed or print liling Fee Is \$5 ue by May 1,	50.00 2006			(NOTE: Re	gistered Agent signatu	TEAN Deviuper ex	when reinstaling)		-	payable to nent of State	B	
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11. I hereby certify that the information supplied with this filing does not certify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and hat 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 trusted employees the execute this report as required by Chapter 608, Florida Statutes.

Date

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGEM, MANAGER, OR AUTHORIZED REPRESENTATIVE