

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-24-2006 90052 039 ****50.00

DOCUMENT # L05000063560		
1. Entity Name INGER CREEK PROPERTIES, LLC		

Principal Place of Business 1474 JORDAN HILLS COURT CLEARWATER, FL 33756	Mailing Address 1474 JORDAN HILLS COURT CLEARWATER, FL 33756
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2. Principal Place of Business 4250 Central Avenue Suite, Apt. #, etc.	3. Mailing Address 4250 Central Avenue Suite, Apt. #, etc.
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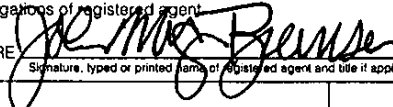
City & State St. Petersburg FL	City & State St. Petersburg FL
Zip 33711	Country USA

03292006 Chg-LLC CR2E083 (11/05)



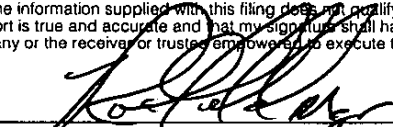
6. Name and Address of Current Registered Agent BRUNSON, JOHN M 1474 JORDAN HILLS COURT CLEARWATER, FL 33756	
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7. Name and Address of New Registered Agent Name Brunson, John M. Street Address (P.O. Box Number is Not Acceptable) 4250 Central Avenue City St. Petersburg FL Zip Code 33711	
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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, typed or printed name of registered agent and title if applicable.	DATE 3/30/06 (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENLAND, RON 300 BAY HEIGHTS ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #