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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000067886			
1. Entity Name BILLFISH PROPERTIES, LLC			
Principal Place of Business 4110 SOUTHPOINT BLVD., STE. 205 JACKSONVILLE, FL 32216		Mailing Address 4110 SOUTHPOINT BLVD., STE. 205 JACKSONVILLE, FL 32216	
2. Principal Place of Business 6817 Southpoint Pkwy Suite, Apt. #, etc.		3. Mailing Address 6817 Southpoint Pkwy Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
4. FEI Number 11-3754812		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CAMP, RICHARD CPA 4110 SOUTHPOINT BLVD., STE. 205 JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name: RICHARD CAMP, CPA Street Address (P.O. Box Number is Not Acceptable): 6817 Southpoint Parkway #2201 City: JACKSONVILLE FL Zip Code: 32216	
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: <u>Richard Camp, CPA</u> DATE: <u>3/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
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 - RICHARD CAMP #2201 6817 Southpoint Pkwy JACKSONVILLE, FL 32216 <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: <u>Richard Camp</u>		DATE: <u>1/12/06</u> 204-281-9924	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	