

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072977

Entity Name: RECO PROPERTIES, LLC

FILED  
May 01, 2006  
Secretary of State

**Current Principal Place of Business:**

6108 CYPRESS CIRCLE  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

6108 CYPRESS CIRCLE  
BRADENTON, FL 34202

**New Mailing Address:**

FEI Number: 20-3195534      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WILCOX, DAVID W  
308 13TH ST. W.  
BRADENTON, FL 34205      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: REAGAN, RONALD P  
Address: 6108 CYPRESS CIRCLE  
City-St-Zip: BRADENTON, FL 34202

Title: MGRM      ( ) Delete  
Name: COTA, JAMES  
Address: 9124 58TH DR. E.  
City-St-Zip: BRADENTON, FL 34202

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES R COTA

MGRM

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date