

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073202

FILED
Aug 24, 2006
Secretary of State

Entity Name: TSAI PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

1223 SE 23RD TERR
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

1223 SE 23RD TERR
CAPE CORAL, FL 33990 US

New Mailing Address:

4124 LAKE OCONEE DR
BUFORD, GA 30519 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

FISHER, THOMAS S
1590 OAKBROOK DRIVE
SUITE 100
NORCROSS, GEORGIA, FL 30093 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: THOMAS S. FISHER

08/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, KENNETH A
Address: 1223 SE 23RD TERR.
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGRM () Delete
Name: TSAI, CHIUNG
Address: 1223 SE 23RD TERR.
City-St-Zip: CAPE CORAL, FL 33990 US

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: KENNETH A. SMITH

PRES

08/24/2006

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