

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90200 047 \*\*\*\*50.00

DOCUMENT # L05000075616

1. Entity Name  
M & L PROPERTY INVESTMENT L.L.C.



Principal Place of Business Mailing Address  
108 RIVERS EDGE RD. N. 1228 GARRISON DR 108 RIVERS EDGE RD. N. 1228 GARRISON DR  
ST. AUGUSTINE, FL 32092 ST. AUGUSTINE, FL 32092

2. Principal Place of Business 3. Mailing Address  
1228 GARRISON DR 1228 GARRISON DR  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
ST. AUGUSTINE, FL ST. AUGUSTINE, FL  
Zip Country Zip Country  
32092 US 32092 US

03022006 Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3847632 Applied For Not Applicable  
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
MARK HOWARD SINEATH SR.  
108 RIVERS EDGE RD. N. 1228 GARRISON DRIVE  
ST. AUGUSTINE, FL 32092

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 Mark H. Sineath 3/2/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK HOWARD SINEATH SR		NAME	MARK HOWARD SINEATH SR	
STREET ADDRESS	108 RIVERS EDGE RD. N.		STREET ADDRESS	1228 GARRISON DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092		CITY-ST-ZIP	ST. AUGUSTINE, FL 32092	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUISE ALICE SINEATH		NAME	LOUISE ALICE SINEATH	
STREET ADDRESS	108 RIVERS EDGE RD. N.		STREET ADDRESS	1228 GARRISON DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092		CITY-ST-ZIP	ST. AUGUSTINE, FL 32092	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Mark H. Sineath 3/2/06 904 230-0992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #