


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 MAR 31 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000076095		
1. Entity Name FLORIDA PROPERTIES BY C & S, LLC		

Principal Place of Business <del>114 DOGWOOD FOREST RD.</del> <del>CRAWFORDVILLE, FL 32327</del>	Mailing Address <del>114 DOGWOOD FOREST RD.</del> <del>CRAWFORDVILLE, FL 32327</del>
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2. Principal Place of Business 4416 CRAWFORDVILLE HWY Suite, Apt. #, etc.	3. Mailing Address P.O. DRAWER 337 Suite, Apt. #, etc.
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City & State CRAWFORDVILLE, FL	City & State CRAWFORDVILLE, FL
Zip 32327	Zip 32326
Country NAIKUUA	Country NAIKUUA

6. Name and Address of Current Registered Agent <del>NAPIER, CAROLYN S</del> <del>114 DOGWOOD FOREST RD.</del> <del>CRAWFORDVILLE, FL 32327</del>	
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7. Name and Address of New Registered Agent Name SHARON PRENTICE BURNS Street Address (P.O. Box Number is Not Acceptable) 4416 CRAWFORDVILLE HWY City CRAWFORDVILLE FL Zip Code 32326	
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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 <i>Sharon P. Burns</i>	DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRENTICE BURNS, SHARON <del>114 DOGWOOD FOREST RD.</del> CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POST OFFICE DRAWER 337 CRAWFORDVILLE, FL 32326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900069971929 04/10/06--01080--025 **\$5.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <i>Sharon P. Burns</i>	Date 3-31-2006