## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Jun 13, 2006 08:00 AN DOCUMENT # L05000078286 Secretary of State 1. Entity Name TALON REALTY & MANAGEMENT, LLC Principal Place of Business Mailing Address 7995-B PRESERVE CIRCLE NAPLES FL 34119 7995-B PRESERVE CIRCLE NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite. Apt. #, etc. CR2E083 (10/05) 1st MOORE City & State 4. FEI Number Applied For City & State 20-3417073 Not Applicable Ζıp Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONROY, J. THOMAS III Street Address (P.O. Box Number is Not Acceptable) 2210 VANDERBILT BEACH ROAD, SUITE 1201 NAPLES FL 34119 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 Signature, brook or project name of conscioued agent and title if applicable (NOTE: Registered Agent signature required when registating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ☐ Change ■ Addition TITLE MGRM ☐ Delete TITLE NAME FINKELSTEIN, EDWARD S NAME U00000567125 STREET ADDRESS 17842 ARGYLL TERRACE STREET ADDRESS 06/13/06-80002-006 SSO.00 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33490 ☐ Change TITLE Delete ☐ Addition MGRM TITLE NAME NAME. POTESTIO, FRANK P JR. STREET ADDRESS 7995-B PRESERVE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 ☐ Addition ☐ Delete ☐ Chance MGRM NAME NAME CONROY, J. THOMAS III STREET ADDRESS STREET ADDRESS 2210 VANDERBILT BEACH ROAD, SUITE 1201 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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 Section 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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FILED