

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90036 041 ****50.00

DOCUMENT # L05000080615					
1. Entity Name BUSH PROPERTIES, LLC					
Principal Place of Business C/O STEPHEN W. HAYWOOD 4720 S.E. 15TH AVENUE, SUITE 213 CAPE CORAL, FL 33904			Mailing Address C/O STEPHEN W. HAYWOOD 4720 S.E. 15TH AVENUE, SUITE 213 CAPE CORAL, FL 33904		
2. Principal Place of Business 1111 Harbour Yacht Court		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc. change			
City & State Fort Myers Florida		City & State		4. FEI Number 65-1256874	
Zip 33908		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYWOOD, STEPHEN W 4720 S.E. 15TH AVENUE, SUITE 213 CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name <u>Paul S. Bush</u> Street Address (P.O. Box Number is Not Acceptable) 1111 Harbour Yacht Court City <u>Fort Myers</u> <u>FL</u> Zip Code <u>33908</u>		
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 <u>Paul S. Bush</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Paul S. Bush 1111 Harbour Yacht Court Fort Myers, Florida 33908 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <u>Thomas E Buffamante CPA</u>			Date <u>9-5-06</u>		Daytime Phone # <u>716-372-1620</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					