

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083213

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: SCHMICK PROPERTIES, LLC

## Current Principal Place of Business:

800 FAIRWAY DRIVE, SUITE 370  
DEERFIELD BEACH, FL 33441

## New Principal Place of Business:

1015 E. HERITAGE CLUB CIRCLE  
DELRAY BEACH, 33 33441

## Current Mailing Address:

800 FAIRWAY DRIVE, SUITE 370  
DEERFIELD BEACH, FL 33441

## New Mailing Address:

1015 E. HERITAGE CLUB CIRCLE  
DELRAY BEACH, FL 33483

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAPPAPORT, EDWARD  
800 FAIRWAY DRIVE, SUITE 370  
DEERFIELD BEACH, FL 33441 US

## Name and Address of New Registered Agent:

RAPPAPORT, EDWARD  
1015 E. HERITAGE CLUB CIRCLE  
DELRAY BEACH, FL 33483 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: EDWARD RAPPAPORT

04/27/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: RAPPAPORT, EDWARD  
Address: 800 FAIRWAY DRIVE STE 370  
City-St-Zip: DEERFIELD BEACH, FL 33441

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: RAPPAPORT, EDWARD  
Address: 1015 E. HERITAGE CLUB CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33483

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: EDWARD RAPPAPORT

MGRM

04/27/2006

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