

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088207

FILED  
Feb 21, 2006  
Secretary of State

Entity Name: SEV PROPERTIES, L. L. C

## Current Principal Place of Business:

2132 U S 19  
HOLIDAY, FL 34691

## New Principal Place of Business:

5510 WESTSHORE DRIVE  
NEW PORT RICHEY, FL 34652

## Current Mailing Address:

5033 W. LAUREL ST.  
SUITE #100  
TAMPA, FL 33607

## New Mailing Address:

5510 WESTSHORE DRIVE  
NEW PORT RICHEY, FL 34652

FEI Number: 25-1925521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALDES, STEVE E SR.  
2132 U S 19  
HOLIDAY, FL 34691 US

## Name and Address of New Registered Agent:

VALDES, STEVE E SR.  
5510 WESTSHORE DRIVE  
NEW PORT RICHEY, FL 34652 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:

02/21/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: VALDES, STEVE E SR.  
Address: 5510 WESTSHORE DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM (X) Delete  
Name: LIGORI, NICK J  
Address: 5033 W. LAUREL ST.  
City-St-Zip: TAMPA, FL 33605

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVE VALDES

MGR

02/21/2006

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