

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089490

FILED
Mar 30, 2006
Secretary of State

Entity Name: PRICE PROPERTY MANAGEMENT LLC

Current Principal Place of Business:

1065 DRAKEFEATHER DR.
ORANGE PARK, FL 32065

New Principal Place of Business:

5427 CABOT CREEK DR
SUGAR HILL, GA 30518

Current Mailing Address:

1065 DRAKEFEATHER DR.
ORANGE PARK, FL 32065

New Mailing Address:

5427 CABOT CREEK DR
SUGAR HILL, GA 30518

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRICE, DANIEL
Address: 1065 DRAKEFEATHER DR.
City-St-Zip: ORANGE PARK, FL 32065

Title: MGRM () Delete
Name: PRICE, NATALIE
Address: 1065 DRAKEFEATHER DR.
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PRICE, DANIEL
Address: 5427 CABOT CREEK DR
City-St-Zip: SUGAR HILL, GA 30518

Title: MGRM (X) Change () Addition
Name: PRICE, NATALIE
Address: 5427 CABOT CREEK DR
City-St-Zip: SUGAR HILL, GA 30518

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: DANIEL PRICE

MGRM

03/30/2006

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