

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

04-19-2006 90021 047 ****50.00

DOCUMENT # L05000091114	
1. Entity Name FIRST PROPERTY, LLC	

Principal Place of Business 433 SE 9TH STREET FORT LAUDERDALE, FL 33316 US	Mailing Address 433 SE 9TH STREET FORT LAUDERDALE, FL 33316 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04032006 Chg-LLC CR2E083 (11/05)

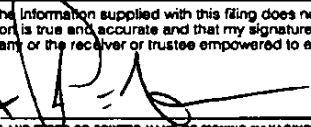
4. FEI Number	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired	☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCHNALL & CADOGAN, P.L. 101 NE THIRD AVE SUITE 1500 FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Peter Knezevich Street Address (P.O. Box Number is Not Acceptable) 433 SE 9th St City Fort Lauderdale FL Zip Code 33316
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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 _____ Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNEZEVICH, PETER 433 SE 9TH STREET FORT LAUDERDALE, FL 33316 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNEZEVICH, REBECCA 433 SE 9TH STREET FORT LAUDERDALE, FL 33316 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 	Date 4-4-06 Daytime Phone # (305) 477-1700