
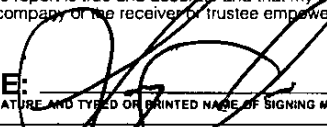


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90046 034 \*\*\*\*50.00

|   |  |  |   |   |   |
|---|--|--|---|---|---|
| <b>DOCUMENT # L05000091823</b>  |  |  |   |  |   |
| <b>1. Entity Name</b><br>LSI PROPERTIES, L.L.C.   |  |  |   |   |   |
| <b>Principal Place of Business</b><br>5000 54TH STREET NORTH<br>ST. PETERSBURG, FL 33709  |  |  | <b>Mailing Address</b><br>5000 54TH STREET NORTH<br>ST. PETERSBURG, FL 33709  |   |   |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>                                    |   |   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |   |   |
| City & State  |  | City & State   |   |   |   |
| Zip   | Country  | Zip  | Country   | <b>4. FEI Number</b><br>20-3418874  |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |   | <b>\$5.00 Additional Fee Required</b>   |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>IRMIS, SAM<br>5000 54TH STREET NORTH<br>ST. PETERSBURG, FL 33709  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |   |   |
| <b>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.</b>  |  |  |   |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>IRMIS, SAM<br>5000 54TH STREET NORTH<br>ST. PETERSBURG, FL 33709          | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>IRMIS, CATHERNINE L<br>5000 54TH STREET NORTH<br>ST. PETERSBURG, FL 33709 | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |  |  |   |   |   |
| <b>SIGNATURE:</b>    |  |  | Date: 4-15-06   |   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  | Daytime Phone #: 727-522-7225   |   |   |