
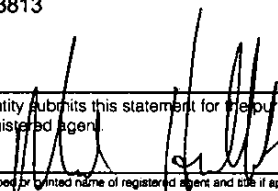
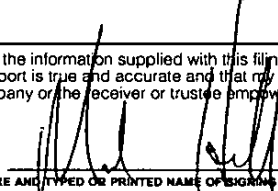


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90201 049 \*\*\*\*50.00

<b>DOCUMENT # L05000092316</b> 1. Entity Name <b>HULSAUM PROPERTIES, L.L.C.</b>					
Principal Place of Business <b>636 VICTORIA SQUARE LANE LAKELAND, FL 33813</b>			Mailing Address <b>P.O. BOX 6476 LAKELAND, FL 33807</b>		
2. Principal Place of Business <b>4030 S. Pipkin Rd.</b>		3. Mailing Address <b>PO Box 6254</b>			
Suite, Apt. #, etc. <b>Suite 100</b>		Suite, Apt. #, etc. 			
City & State <b>Lakeland, FL</b>		City & State <b>Lakeland, FL</b>		4. FEI Number <b>20-3649007</b>	
Zip <b>33811</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SAUM, JEREMY 636 VICTORIA SQUARE LANE LAKELAND, FL 33813</b>		7. Name and Address of New Registered Agent Name <b>Hulbert mark</b> Street Address (P.O. Box Number is Not Acceptable) <b>6175 Riverlake Blvd.</b> City <b>Bartow</b> FL <b>33830</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.					
SIGNATURE  <b>mark Hulbert</b> DATE <b>3/15/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SAUM, JEREMY 636 VICTORIA SQUARE LANE LAKELAND, FL 33813</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Hulbert, mark 6175 Riverlake Blvd. Bartow, FL 33830</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>mark Hulbert</b> DATE <b>3/15/06</b> DAYTIME PHONE # <b>(863) 647-5815</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					