

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-01-2006 90225 040 \*\*\*\*\*50.00  
L05000092852

## FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*W*  
*03/13/06*

<b>DOCUMENT # L05000092852</b> 1. Entity Name <b>FLA PENN PROPERTY HOLDINGS, LLC</b>					
Principal Place of Business <b>200 SOUTH ORANGE AVENUE SARASOTA, FL 34236</b>		Mailing Address <b>200 SOUTH ORANGE AVENUE SARASOTA, FL 34236</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01302006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>DIETZ, GEORGE A 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ DATE _____ <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>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <i>George A. Dietz</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>2/20/06</b> <small>Date</small>		<b>941-954-9258</b> <small>Daytime Phone #</small>