

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90048 015 ****50.00

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02082006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000093484 1. Entity Name SSRF PROPERTIES, LLC					
Principal Place of Business 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174			Mailing Address 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 36-4579684	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VOGES, WILLIAM J 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (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	MGR VOGES, WILLIAM J 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DITTBENNER, EILEEN 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARONEY, PHILIP 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<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.					
SIGNATURE:			William J. Voges		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
3/30/2006			386-671-4908		
Daytime Phone #					

Root.

ATTACHMENT
20020861
#LD5000093484

275 Clyde Morris Boulevard
Ormond Beach, Florida 32174
Tel 386 671 4888
Fax 386 671 3888

March 30, 2006

Via Certified Mail, Return Receipt Requested
7000 0600 0028 1779 3468

Department of State
P. O. box 6478
Tallahassee, FL 32301

Re; 2006 Limited Liability Company Annual Reports

Dear Sir or Madam:

Enclosed please find the annual reports and \$50.00 fees incident to the following limited liability companies.

DMV Investments, LLC
Petalio II, LLC
Pump House East, LLC
RDT, L.L.C., L.C.
Root Mortgage III, LLC
Root Venture Partners, LLC
Root Wilmette Investments, LLC
Silver Holly Development, LLC
SSRF Properties, LLC

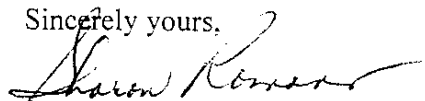
Also enclosed are the annual reports and fees of \$61.25 each for the following Not-for-Profit Corporations:

Block F OACC fire System Owners Assoc.
Pines Property Owner's Association

Please proceed to file these annual reports. If you have any questions or require additional information I will appreciate a call to 386-671-4908.

Thanking you for all courtesies and cooperation, I am,

Sincerely yours,



Sharon Romano
Legal Secretary

/shr
Enc.