

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094771

Entity Name: CA PROPERTIES, LLC

FILED
Jul 06, 2006
Secretary of State

Current Principal Place of Business:

20925 OAKLANE
GREENWOOD, MN 55331

New Principal Place of Business:

20925 OAK LANE
GREENWOOD, MN 55331

Current Mailing Address:

20925 OAKLANE
GREENWOOD, MN 55331

New Mailing Address:

20925 OAK LANE
GREENWOOD, MN 55331

FEI Number: 20-3531310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBINS, ALAN J
4505 POINCIANA STREET
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

ROBINS, ALAN J
4479 POINCIANA STREET
FT. LAUDERDALE, FL 33308 US

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.

SIGNATURE:

07/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROBINS, ALAN J
Address: 4505 POINCIANA STREET
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGR () Delete
Name: GRIFFING, COLEMAN
Address: 20925 OAKLANE
City-St-Zip: GREENWOOD, MN 55331

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: COLEMAN GRIFFING

MGRM

07/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date