

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095956

FILED
Jan 20, 2006
Secretary of State

Entity Name: OLEANDER PROPERTIES OF FT. PIERCE, LLC

Current Principal Place of Business:

5900 SILVER OAK DR
FT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

5900 SILVER OAK DR
FT PIERCE, FL 34982

New Mailing Address:

FEI Number: 27-0133659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEAN, PATRICIA J
5900 SILVER OAK DR
FT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BEAN, CHARLES W II
Address: 5900 SILVER OAK DR
City-St-Zip: FT PIERCE, FL 34982

Title: D () Delete
Name: BEAN, PATRICIA J
Address: 5900 SILVER OAK DR
City-St-Zip: FT PIERCE, FL 34982

Title: D () Delete
Name: BEAN, BRIAN P
Address: 1790 SW BELEVUE AVE
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES:

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

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

Title: D (X) Change () Addition
Name: BEAN, BRIAN P
Address: 1790 S.W. BELLEVUE AVE.
City-St-Zip: PORT ST LUCIE, FL 34953

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: CHARLES W. BEAN II

MGR

01/20/2006

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