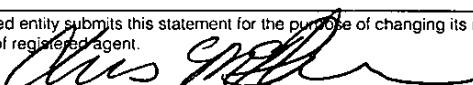


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
May 08, 2006 8:00 am
Secretary of State**

05-08-2006 90034 029 ****50.00

DOCUMENT # L05000106351			
<p>1. Entity Name MC PHERSON PROPERTIES LLC</p>			
Principal Place of Business 4660 32 CT EAST BRADENTON, FL 34203		Mailing Address 4660 32 CT EAST BRADENTON, FL 34203	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MC PHERSON, CHRISTOPHER S 4660 32 CT EAST BRADENTON, FL FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  Signature, typed or printed name of registered agent and title if applicable.			
		(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	
<p>TITLE MGRM NAME MC PHERSON, CHRISTOPHER S STREET ADDRESS 4660 32 CT EAST CITY-ST-ZIP BRADENTON, FL 34203</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE MGR NAME MC PHERSON, KERRY A STREET ADDRESS 4660 32 CT EAST CITY-ST-ZIP BRADENTON, FL 34203</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>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.</p>			
<p>SIGNATURE: </p>		<p>941-792-7517</p>	
<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</p>		<p>Date</p>	
		<p>Daytime Phone #</p>	