



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90080 027 ****50.00

DOCUMENT # L05000106430 1. Entity Name MY PROPERTIES, LLC					
Principal Place of Business 434 BRIARCLIFF AVENUE EUSTIS, FL 32726 US			Mailing Address 434 BRIARCLIFF AVENUE EUSTIS, FL 32726 US		
2. Principal Place of Business 1000 W 11TH AVE Suite, Apt. #, etc.		3. Mailing Address P O BOX 1549 Suite, Apt. #, etc.			
City & State MT DORA, FL		City & State MT DORA, FL		4. FEI Number 20-3722442	
Zip 32757		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GAYLORD, FRANK T 804 N. BAY STREET EUSTIS, FL 32727				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YANCEY, PAUL R 434 BRIARCLIFF AVENUE EUSTIS, FL 32726	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARSHALL, WILLIAM T JR. P.O. BOX 1549 MT. DORA, FL 32756	<input type="checkbox"/> Delete			
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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: <i>William T Marshall</i> SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		7/21/6 Date		352-552-2088 Daytime Phone #	