

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107673

Entity Name: PROPERTYFETCH.COM, LLC

FILED
Jan 06, 2006
Secretary of State

Current Principal Place of Business:

118 EAST TARPON AVENUE
SUITE 207
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 292751
TAMPA, FL 33687

New Mailing Address:

FEI Number: 01-0849523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASTROVASILIS, PANTELIS
803 CAVEMILL WAY
TARPON SPRINGS, FL 34689 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: MGRM () Delete
Name: MOCKLER, TIMOTHY P
Address: 12612 NORTH 53RD STREET
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGRM () Delete
Name: FORCELLA, ALBERTO S JR.
Address: 504 SOUTH FLORIDA AVENUE #212
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: MASTROVASILIS, PANTELIS
Address: 803 CAVEMILL WAY
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES:

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

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: TIMOTHY P. MOCKLER

MGRM

01/06/2006

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