2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108799

Entity Name: FLORIDA PROPERTIES FOR SALE, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
108 JEFFERSON AVENUE CAPE CANAVERAL, 32 920	108 JEFFERSON AVENUE CAPE CANAVERAL, FL 32920

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 503 CAPE CANAVERAL, FL 32920	

FEI Number: 20-3818082   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: _____

        Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR	( ) Delete	Title:	MGR	(X) Change ( ) Addition
Name:	SPENCER, CANDACE A		Name:	SPENCER, CANDACE A	
Address:	108 JEFFERSON AVENUE		Address:	108 JEFFERSON AVENUE	
City-St-Zip:	CAPE CANAVERAL, 32 920		City-St-Zip:	CAPE CANAVERAL, FL 32920	

Title:	ST	( ) Delete	Title:	ST	(X) Change ( ) Addition
Name:	SPENCER, CANDACE A		Name:	SPENCER, CANDACE A	
Address:	108 JEFFERSON AVENUE		Address:	108 JEFFERSON AVENUE	
City-St-Zip:	CAPE CANAVERAL, 32 920		City-St-Zip:	CAPE CANAVERAL, FL 32920	

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: CANDACE A. SPENCER   MGR   04/24/2006

_____

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