2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 05, 2006 8:00 am Secretary of State

ANNOAE REFORM								05-01-200	6 90064	.007 **	**50.00								
DOCUMENT # L05000108987 1. Enlity Name 44-44 PROPERTIES, LLC								03-01-200	,	007	50.00								
Principal Place of Business				Mailing Address			1 2	0009554	Į.										
749 NORTH GARLAND AVENUE				749 NORTH GARLAND AVENUE			- (·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	t										
SUITE 101				SUITE 101 Orlando, fl. 32801				·											
ORLANDO, FL 32801 ORLANDO, FL 32801							i iliation o	N BOYAN ARIN TAKN ARIN BOYA	11 F at a s ite a s ite										
2. Principal Place of Business				3. Mailing Address															
Suite, Apt. #, etc.				Suite, Apt, #, etc.			01202006	Chg-LLC	CR2E08	3 (11/05)	- V 4 E								
City & State				City & State Zip Country			4. FEI Numb	<i>"20-376</i>	238 X	3 ×	oplied For of Applicable								
Ζίρ							Certilicate of Status Desired												
6. Name and Address of Current Registered Agent No.							7. Name and	Address of New K	eğistered A	gent									
KEATING, JOHN K																			
749 NORTH GARLAND AVENUE SUITE 101						Street Address (P.O. Box Number is Not Acceptable)													
ORLANDO, FL 32801																			
			_/			City			FL	Zip Cod									
8. The above named entity submits this systement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent.																			
SIGNATURE Spreams, typed or private remain of the process and take it approaches (NOTE: Registered Agent segment when rentations) DATE																			
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9.		MANAC	ING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES										
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11. I hereby	cortily that th	ne intermation	supplied with	this filing does not qualify k	or the exe	emptions contains	id in Chapter 119	, Floride Statutes. I tu	rther certify I	that the info	ormation								
indicated limited lia	t on this repo ability compe	ort is true and : any or the rece	accurate and I river or trustee	that my signature shall have empowered to execute this	the same report a	e legat effect as it s required by Cha	i made under oat apter 608, Florida	h; thailean a meneg S jallijigso 7 711N R	ing member	or manage	er of the								
indicated on this report is true and accurate and that my signature shall have the same legat effect as it made under oath; that I am a managing member or manager of the first temperature of the f																			
SICNATURE:																			
CICALAT	riiDE.							SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE OND											