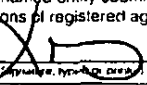
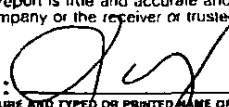


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-15-2006 90240 026 ****50.00

DOCUMENT # L05000109108					
1. Entity Name MAYSONET PROPERTIES, LLC					
Principal Place of Business 10607 BAMBOO ROD CIRCLE RIVERVIEW FL 33569			Mailing Address 10607 BAMBOO ROD CIRCLE RIVERVIEW FL 33569		
2. Principal Place of Business 10607 Bamboo Rod Cir Suite, Apt. #, etc.			3. Mailing Address 10607 Bamboo Rod Cir. Suite, Apt. #, etc.		
City & State Riverview, FL			City & State Riverview, FL		
Zip 33569		Country Hillsborough		4. FEI Number 203775483	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent MAYSONET, XEOMARA 10607 BAMBOO ROD CIRCLE RIVERVIEW FL 33569				7. Name and Address of New Registered Agent Name Xiomara Maysonet Street Address (P.O. Box Number is Not Acceptable) 10607 Bamboo Rod Circle City Riverview FL Zip Code 33569	
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  DATE 5/8/06 (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAYSONET, XEOMARA 10607 BAMBOO ROD CIRCLE RIVERVIEW FL 33569 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			Date 5/8/06 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					