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	Mailing Address
10607 BAMBOO ROD CIRCLE RIVERVIEW FL 33569	10607 BAMBOO ROD CIRCLE RIVERVIEW FL 33569

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
10607 Bamboo Rod Cir	10607 Bamboo Rod Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riverview, Fl	City & State: Riverview, Fl
Zip: 33569 Country: Hillsborough	Zip: 33569 Country: Hillsborough

4. FEI Number: 203775483 ✓ Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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 [signature] 5/8/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
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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: [signature] 5/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #