


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90213 007 ****50.00

DOCUMENT # L05000111303	
1. Entity Name PROPERTY SUPPORT SYSTEMS, LLC	

Principal Place of Business UNIT 1102, 1415 NORTH 1ST STREET JACKSONVILLE BEACH, FL 32250	Mailing Address UNIT 1102, 1415 NORTH 1ST STREET JACKSONVILLE BEACH, FL 32250
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2. Principal Place of Business 8669 BAYPINE RD Suite, Apt. #, etc. SUITE 100 City & State JACKSONVILLE, FL Zip 32256 Country USA	3. Mailing Address 8669 BAYPINE RD Suite, Apt. #, etc. SUITE 100 City & State JACKSONVILLE, FL Zip 32256 Country USA
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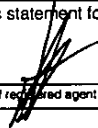
02142006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3849383	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SLEIMAN, PETER D UNIT 1102, 1415 NORTH 1ST STREET JACKSONVILLE BEACH, FL 32250	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8669 BAYPINE RD, SUITE 100 City JACKSONVILLE FL Zip Code 32256	
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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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	PETER D. SLEIMAN <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE 2/14/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER SLEIMAN, PETER D. 8669 BAYPINE RD, SUITE 100 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	PETER D. SLEIMAN Date 2/14/06 Daytime Phone # 904-367-5959