2006 LIMITED LIABILITY COMPANY ANNUAL REPORT O4-28-2006 90010 002 ---- 55.00

DOCUMENT # L05000112089 1. Entity Name FL PROPERTIES, LLC					9	SEUVETERY TALLAHASS	PH 4: 28 STATE FLORID	4(
Principal Place	e of Business	Mailing Address			} ,	SLOWHUDS	L1-			
409 MONTGOMERY ROAD		P.O.BOX 916574			,	IACC				
105	consider to handle (E	LONGWOOD, FL 32791 US								
ALTAMONTE	SPRINGS, FL 32714 US				1 1100000	n eller eim cem tim le	(111 1111 1111 1111 1111		11 (0 fil)	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Chg-LLC	CR2E083 (11	<u> </u>		
City & State		City & State			4. FEI Numb	~20-5810	543		lied For Applicable	
Zip	Country	Zip	Zip Coun		Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
	~ . ~			Name						
BETHEL, F 409 MONT 105	FAT TGOMERY ROAD		Street Address		(P.O. Box Number is Not Acceptable)					
	ITE SPRINGS, FL 32714									
	į	_		City			FL Zi	ip Code		
8. The above	named entity submits this statement to	or the purpose of changing its	register	red office or register	red agent, or bo	oth, in the State of FI	· · ·	r with, a	nd accept	
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agains and lide if applicable. (NOTE: Registered Agent signature required when reinstailing) DATE										
FI De	lling Fee is \$50.00 ue by May 1, 2006				•		ke check payabl a Department of			
9.	MANAGING MEMBE	ERS/MANAGERS	10.		Ä	ADDITIONS	/CHANGES			
ME	MGRM	☐ Delete	nn.	- 1		•	CI	hanga	☐ Addition	
NAME	BETHEL, PAT		NAM	·						
STREET ADDRESS CITY+ST-ZIP				EET ADORESS Y-SI-ZIP						
TITLE	LONGWOOD, I C UZ. U.	☐ Delete	ΠΙ					hance	Addition	
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STREET ADDRESS				REET ADDRESS					-	
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CULX-21-205				Y-ST-ZIP	11- Chapter 110	2 Pleside Statuton I	6 the condition that I	the infor		
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 cath; that I am a managing member or manager of the similar liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: PLAT BUTTLE PAGE TYPED ON PRINTED HAME OF BIGHING MANAGER, OR AUTHORIZED REPRESENTATIVE Con Depthe Proces										
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