

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L93000000273

1. Entity Name

MACDILL AVENUE PROPERTIES, L.C.



Principal Place of Business

3013 VILLA ROSA PARK  
TAMPA, FL 33611

Mailing Address

1713 N. STAFFORD ST.  
ARLINGTON, VA 22207



01032006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3198799

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PUFFER, JOHN W III  
101 E. KENNEDY BLVD.  
SUITE 2500  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	CALOOSA HATCHEE ASSOCIATES LTD.
STREET ADDRESS	3013 VILLA ROSA PARK
CITY-STATE-ZIP	TAMPA, FL 33611
TITLE	MEM
NAME	NEUWIRTH, ROBERT S
STREET ADDRESS	400 GLOUCESTER ST.
CITY-STATE-ZIP	ENGLEWOOD, NJ 07631
TITLE	MEM
NAME	NEUW ENTERPRISE
STREET ADDRESS	1713 N STAFFORD ST.
CITY-STATE-ZIP	ARLINGTON, VA 22207
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000381259  
01/11/06-80046-018 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Rena White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Jan 6, 2006*

Date

703-528-4150

Daytime Phone #