2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SH

Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # L95000000340 SAAM'S PROPERTIES, L.C. Principal Place of Business Mailing Address 14285 AIRLINE HIGHWAY 14285 AIRLINE HIGHWAY BATON ROUGE, LA 70817 BATON ROUGE, LA 70817 CR2E083 (11/05) 04222006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3318592 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCGILL, ROBERT E III DO NOT WRITE 743 HIGHWAY 98 EAST, SUITE 5 DESTIN, FL 32541 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME SACHDEV, MEENA G 17946 AUGUSTA POINTE CT STREET ADDRESS BATON ROUGE, LA 70810 CITY-ST-ZIP U00000530920 05/06/06-80017-016 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP me IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 flability company or the receiver or trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #