## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L99000003277

Entity Name

STREET ADDRESS CITY-ST-ZIP

AMNED PROPERTIES, LLC



Principal Place of Business

Mailing Address

6900 SOUTHPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE, FL 32216

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FILED
May 01, 2006 08:00 A
Secretary of State



DO NOT WRITE IN THIS SPACE

04272006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3581109

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANKERS, GUS 6900 SOUTHPOINT DRIVE NORTH, SUITE 250 JACKSONVILLE, FL 32216

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changitions of registered agent.	ging its registered of	flice or registered	agent, or both, in	the State of F	lorida. I am familia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	NOTE Registered Andr	nt signature required whe	n reinstationi		DATE	
F	iling Fee is \$50.00 ue by May 1, 2006	The second second			1.		# 199
9.	MANAGING MEMBERS/MANAGERS					*****	
Title Name Street address City-St-Zip	MGR CORO INVESTMENTS LLC 8000 TOWERS CRESCENT DR #825 VIENNA, VA 22182					material and an artistic form.	
Title Name Street address City-S1-Zip				000000549996 05/13/06-80044-006 50.00			
TITLE NAME STREET ADDRESS CITY+ST-ZIP		·		DO N	OT W	/RITE	Æ
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	iis si	PACE	*
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME	. 20	٠,٠.					

11. I hereby certify that the information supplied with this filling does not quality 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 eath; 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: MANAGER 04/18/06 (703)506-1006

GNATURE AND TYPE AND TYPE OF STOCKHOLD MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Date

District Phone #