2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000000236

1. Entity Name
VIRGINIA PROPERTIES L.L.C.

Principal Place of Business	Mailing Address
603 S. CEDAR LAKE DRIVE COLUMBIA, MO 65203	603 S. CEDAR LAKE DRIVE COLUMBIA, MO 65203

DO NOT WRITE IN THIS SPACE

03212006No Chg-LLC CR2E083 (11/05)

4. FEI Number
43-1847624
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PERKINS, CHRISTINE
1433 CHESTERFIELD DR
DUNEDIN, FL 34698

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000479323
04/08/06-80044-007 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KOUKOLA, PETER
STREET ADDRESS	603 S. CEDAR LAKE DRIVE
CITY-ST-ZIP	COLUMBIA, MO 65203
TITLE	MGRM
NAME	KOUKOLA, CHRISTINE
STREET ADDRESS	603 S. CEDAR LAKE DRIVE
CITY-ST-ZIP	COLUMBIA, MO 65203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3-21-06 593 443 2352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #