2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M03000000089

Entity Name

MASON-REALTY FLORIDA PROPERTIES, LLC



FILED Jul 31, 2006 08:00 AM Secretary of State

Principal Place of Business

1688 EAST FIFTH AVE. COLUMBUS, OH 43203-0250 Mailing Address

1688 EAST FIFTH AVE. COLUMBUS, OH 43203-0250



07112006 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number 31-1634665 | Applied For | |
|----------------------------------|-----------------------------------|--|
| 31-1034003 | Not Applicable | |
| 5. Certificate of Status Desired | \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN ST., STE. 2100 TAMPA, FL 33602

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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 | | | | | |
| | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when rainstating) | DATE | | |
| Fil Due l | ling Fee is \$50.00 by September 6, 2006 | | | | |
| 9 | MANAGING MEMBERS/MANAGERS | | | | |
| TITLE | MGR | | | | |
| NAME | MASON, RAYMOND E JR. | | | | |
| STREET ADDRESS | 1688 EAST FIFTH AVE. | | | | |
| CITY-ST-ZIP | COLUMBUS, OH 432030250 | | 0000572844 | | |
| THILE | | | 0000572844 /06-80001-018-50.00 | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | | | |
| NAME | * * * * * * * * * * * * * * * * * * * | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | DO NOT | **WKIIE********************************* | | |

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11. If hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

7/25/a

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