

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001285

FILED
May 01, 2006
Secretary of State

Entity Name: TWELVE THIRTEEN PROPERTIES, L.L.C.

Current Principal Place of Business:

8044 WHISPER LAKE LANE WEST
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

8044 WHISPER LAKE LANE WEST
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 84-1575403 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GREENE, TIMOTHY H
8044 WHISPER LAKE LANE WEST
PONTE VEDRA BEACH, FL 32082 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: GREENE, TIMOTHY H
Address: 8044 WHISPER LAKE LANE WEST
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: GREENE, CYNTHIA J
Address: 8044 WHISPER LAKE LANE WEST
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY H GREENE

MGMR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date