

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90048 022 ****50.00

DOCUMENT # M04000005072

1. Entity Name
FAIN-BRANCH PROPERTIES, LLC



Principal Place of Business
**9112 CASTLE PINES CIRCLE
MONTGOMERY, AL 36117**

Mailing Address
**9112 CASTLE PINES CIRCLE
MONTGOMERY, AL 36117**

20000029



2. Principal Place of Business

3. Mailing Address

409 Glenmede Lane **409 Glenmede Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006 Chg-LLC CR2E083 (11/05)

City & State

City & State

Montgomery, AL

Montgomery, AL

Zip
36117

Country

Zip
36117

Country

4. FEI Number
33-1071826

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional ;
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANCH, WILLIAM
3758 NW 53RD LANE
GAINESVILLE, FL 32653**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FAIN, WILLIAM
9112 CASTLE PINES CIRCLE
MONTGOMERY, AL 36117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
409 Glenmede Lane ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FAIN, SHERYL
9112 CASTLE PINES CIRCLE
MONTGOMERY, AL 36117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
409 Glenmede Lane ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BRANCH, DEBORAH
1000 STEEPLES COURT
FALLS CHURCH, VA 22046** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-6-2006 334-398-3344