

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000005398

1. Entity Name
OPTIMAL PROPERTIES LLC



Principal Place of Business
**C/O BETH FRANKLIN
4651 GULF SHORE BLVD. N. #607
NAPLES, FL 34103**

Mailing Address
**P.O. BOX 100925
NASHVILLE, TN 37224**



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1202965

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FRANKLIN, BETH D
4651 GULF SHORE BLVD., N. #607
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

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

000000436065
02/27/06-80022-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BROWER, JAMES F
P.O. BOX 100925
NASHVILLE, TN 37224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FRANKLIN, BETH D
P.O. BOX 100925
NASHVILLE, TN 37224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Beth D Franklin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-13-06
Date

615-324-5420
Daytime Phone #