

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90073 011 \*\*\*\*50.00

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<b>DOCUMENT # M04000005548</b> 1. Entity Name <b>LINENHALL PROPERTIES LIMITED</b>					
Principal Place of Business <b>1ST FLOOR, ROYAL LIVER BUILDING PIER HEAD, LIVERPOOL, XX L3 1P-S UK</b>			Mailing Address <b>1ST FLOOR, ROYAL LIVER BUILDING PIER HEAD, LIVERPOOL, XX L3 1P-S UK</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04152006    Chg-LLC    CR2E083 (11/05)	
Zip		Country		4. FEI Number <b>APPLIED-FOR-</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CONROY, J. THOMAS III 2640 GOLDEN GATE PARKWAY STE 115 NAPLES, FL 34105</b>			7. Name and Address of New Registered Agent Name <b>TERRI L. BASS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1020 8TH AVENUE SOUTH # 1</b> City <b>NAPLES, FL</b> Zip Code <b>34102</b>		
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 <u><i>Terri L Bass</i></u> <u><i>Terri L Bass</i></u> <u><i>4/26/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANANOUGHT, COLIN 134 BOUGHTON, CHESTER UNITED KINGDOM CH3BP,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANANOUGHT, PAUL 18 VICTORIA PATHWAY UNITED KINGDOM,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILLS, JANE ELIZABETH POULTON HALL FARM, CHESTER UNITED KINGDOM,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILLS, JANE ELIZABETH POULTON HALL FARM, CHESTER UNITED KINGDOM,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BILLS, JANE ELIZABETH POULTON HALL FARM, CHESTER UNITED KINGDOM,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Hester</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u><i>4-26-06</i></u> Daytime Phone # <u><i>(239) 434-0989</i></u>		