

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jul 07, 2006
Secretary of State**

DOCUMENT# L04000052849

Entity Name: TORRES PROPERTIES, LLC

Current Principal Place of Business:

4814 LONGWATER WAY
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

4814 LONGWATER WAY
TAMPA, FL 33615

New Mailing Address:

FEI Number: 20-1397878 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:

TORRES, PEDRO L
4814 LONGWATER WAY
TAMPA, FL 33615 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: MGR () Delete
Name: TORRES, CHRISTINE
Address: 4814 LONGWATER WAY
City-St-Zip: TAMPA, FL 33615

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

Title: MGRM () Delete
Name: TORRES, PEDRO
Address: 4814 LONGWATER WAY
City-St-Zip: TAMPA, FL 33615

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

Title: MGRM () Delete
Name: TORRES, ALISA
Address: 4814 LONGWATER WAY
City-St-Zip: TAMPA, FL 33615

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: PEDRO TORRES

MGR

07/07/2006

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