


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90003 001 ****50.00

DOCUMENT # L00000002327					
1. Entity Name DEPLONTY PROPERTIES, L.L.C.					
Principal Place of Business 28200 BERMONT ROAD PUNTA GORDA, FL 33982			Mailing Address 28200 BERMONT ROAD PUNTA GORDA, FL 33982		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05312005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 65-0994508	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOEHM, MARYANN O 28200 BERMONT ROAD PUNTA GORDA, FL 33982			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	manager/president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOEHM, MARYANN O		NAME	Joan J. Deplonty	
STREET ADDRESS	28200 BERMONT ROAD		STREET ADDRESS	28200 Bermont Road	
CITY-ST-ZIP	PUNTA GORDA, FL 33982		CITY-ST-ZIP	Punta Gorda, FL 33982	
TITLE		<input type="checkbox"/> Delete	TITLE	vice president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Maryann O. Boehm	
STREET ADDRESS			STREET ADDRESS	28200 Bermont Road	
CITY-ST-ZIP			CITY-ST-ZIP	Punta Gorda, FL 33982	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ronald Olson	
STREET ADDRESS			STREET ADDRESS	28200 Bermont Road	
CITY-ST-ZIP			CITY-ST-ZIP	Punta Gorda, FL 33982	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	David Olson	
STREET ADDRESS			STREET ADDRESS	28200 Bermont Road	
CITY-ST-ZIP			CITY-ST-ZIP	Punta Gorda, FL 33982	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>J. Boehm</i>			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					