


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000007220**

1. Entity Name  
**DENMAR PROPERTIES, L.L.C.**



Principal Place of Business      Mailing Address

10307 KINGFISHER RD. W      10307 KINGFISHER RD. W  
 BRADENTON, FL 34209      BRADENTON, FL 34209

**DO NOT WRITE IN THIS SPACE**



03312005No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
**04-3657919**      Not Applicable

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

6. Name and Address of Current Registered Agent

**BLOOM, MARTIN**  
 10307 KINGFISHER RD. W  
 BRADENTON, FL 34209

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLOOM, MARTIN 10307 KINGFISHER RD. WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLODY, DENISE 10307 KINGFISHER RD. WEST BRADENTON, FL 34209
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000314062  
 04/19/05-80149-025 50.00

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: *M Bloom*      4-15-05      8136331417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #