

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90037 002 ***150.00

DOCUMENT # L02000014743 1. Entity Name DEERING PROPERTIES, L.L.C.			
Principal Place of Business 12805 SW 84TH AVE. ROAD- MIAMI, FL 33156		Mailing Address 12805 SW 84TH AVE. ROAD- MIAMI, FL 33156	
2. Principal Place of Business 7241 SW 168 ST. Suite, Apt. #, etc. "B"		3. Mailing Address 7241 SW 168 ST. Suite, Apt. #, etc. "B"	
City & State MIAMI, FL Zip 33157-4801		City & State MIAMI FL Zip 33157-4801	
Country USA		Country USA	
4. FEI Number 75-3066055		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, WILLIAM P JR. ESQ 9300 S. DADELAND BLVD. SUITE 308 MIAMI, FL 33156		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRASER, LEWIS 12805 SW 84 AVE RD MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRASER, LEWIS 7241 SW 168 ST. "B" MIAMI, FL 33157-4801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRASER, LEWIS A 12805 SW 84 AVE RD MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRASER, LEWIS A. 7241 SW 168 ST. "B" MIAMI FL 33157-4801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SLUTSKY, SHEILA 12805 SW 84 AVE RD MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SLUTSKY SHEILA 7241 SW 168 ST. "B" MIAMI FL 33157-4801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, WILLIAM P 9300 SO DADELAND BLVD #308 MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:		1/11/05 (305)969-8818	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	