


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000025598
 1. Entity Name
 RESIDENTIAL PROPERTIES OF WESTON LLC



Principal Place of Business C/O ZEBERSKY & PAYNE 4000 HOLLYWOOD BLVD STE. 400 NORTH HOLLYWOOD, FL 33021	Mailing Address C/O ZEBERSKY & PAYNE 4000 HOLLYWOOD BLVD STE. 400 NORTH HOLLYWOOD, FL 33021
--	--

DO NOT WRITE IN THIS SPACE



01172005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0520676	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent
 PAYNE, TODD S
 C/O ZEBERSKY & PAYNE
 4000 HOLLYWOOD BLVD STE. 400 NORTH
 HOLLYWOOD, FL 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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


100000258619
 03/10/05-80047-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAYNE, TODD S 4000 HOLLYWOOD BLVD., #400-N HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  3/1/05 954-989-6333
 SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #