# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**
**Feb 17, 2004 8:00 am**
**Secretary of State**

02-04-2004 90232 013 ****55.00

DOCUMENT # L03000034788

1. Entity Name

BASE LINE PROPERTIES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 2401<br>SARASOTA FL 34230-2401 | PO BOX 2401<br>SARASOTA FL 34230-2401 |

34000473

MOORE CR2E083 (11/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 20-0256549 — Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ANHORN, THOMAS M<br>6725 WILLOW POND LAKE<br>SARASOTA FL 34240 | Name: THOMAS M. ANHORN<br>Street Address (P.O. Box Number is Not Acceptable): 302 AMERICAS CUP BLVD.<br>City: BRADENTON FL Zip Code: 34208 |

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: Thomas M. Anhorn THOMAS M. ANHORN 1/28/04

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

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2004**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE: MGR<br>NAME: ANHORN, THOMAS M<br>STREET ADDRESS: PO BOX 2401<br>CITY-ST-ZIP: SARASOTA FL 34230-2401 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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:** Thomas M. Anhorn 2/11/04 941 812-5946

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