

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051925

Entity Name: 121 PROPERTIES, L.L.C.

FILED  
Jan 19, 2005  
Secretary of State

**Current Principal Place of Business:**

2128 SW MAIN BOULEVARD STE. 103  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 830  
LAKE CITY, FL 32056

**New Mailing Address:**

FEI Number: 20-0516846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TURBEVILLE, RON W  
2128 SW MAIN BOULEVARD STE. 103  
LAKE CITY, FL 32025 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: TURBEVILLE, RON W  
Address: PO BOX 830  
City-St-Zip: LAKE CITY, FL 32056

Title: MGRM ( ) Delete  
Name: RHODEN, THOMAS R  
Address: 515 SOUTH 6TH  
City-St-Zip: MACCLENNY, FL 32063

Title: MGRM (X) Delete  
Name: TURBEVILLE, LARRY  
Address: 6261 ARC WAY  
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM (X) Delete  
Name: DYER, WALTER HARMON III  
Address: 85 B E. MERRITT ISLAND CAUSEWAY  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RON W. TURBEVILLE

MGRM

01/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date