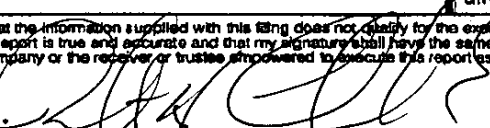


FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90420 020 ****55.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000037391					
1. Entity Name ACTION PROPERTIES, LLC				20026231	
Principal Place of Business 718 CIMARRON AVENUE THE VILLAGES, FL 32159		Mailing Address 718 CIMARRON AVENUE THE VILLAGES, FL 32159			
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 20-1522988	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUIKSHANK, ROBERT A 718 CIMARRON AVENUE THE VILLAGES, FL 32159				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 _____ (Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning). DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRUIKSHANK, ROBERT H 718 CIMARRON AVENUE THE VILLAGES, FL 32159 ☐ Delete		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRUIKSHANK, ROWENA 718 CIMARRON AVENUE THE VILLAGES, FL 32159 ☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: 				3-30-05 352-750-5171	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	