


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000966
 1. Entity Name
EDDAD PROPERTIES, L.L.C.



Principal Place of Business Mailing Address
14854 FAVERSHAM CIR. **14854 FAVERSHAM CIR.**
ORLANDO FL 32826 **ORLANDO FL 32826**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E083 (10/04)

4. FEI Number Applied For
59-3621377 Not Applicable

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

6. Name and Address of Current Registered Agent

RUBIO, PIEDAD
14854 FAVERSHAM CIR.
ORLANDO FL 32826

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS


TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BLECKER, EDGAR R M.D.	
STREET ADDRESS	468 MIDVALE TERR	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BLCKER, ELVA A	
STREET ADDRESS	468 MIDVALE TERR	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RUBIO, PIEDAD M	
STREET ADDRESS	14854 FAVERSHAM CIR.	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RUBIO, HERNAN R	
STREET ADDRESS	14854 FAVERSHAM CIR.	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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04/07/05-80081-006 55.00

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:  **PIEDAD RUBIO** 4/5/5

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