

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # H53016

1. Entity Name
LIMMIATIS PROPERTIES, INC.



Principal Place of Business
**C/O ERNEST LIMMIATIS
845 S. ALHAMBRA CIRCLE
CORAL GABLES, FL 33146**

Mailing Address
**C/O ERNEST LIMMIATIS
845 S. ALHAMBRA CIRCLE
CORAL GABLES, FL 33146**



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2530583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LIMMIATIS, ERNEST
845 S. ALHAMBRA CIRCLE
CORAL GABLES, FL 33314**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restateing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIMMIATIS, ERNEST
STREET ADDRESS	845 S. ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL

TITLE	D
NAME	LIMMIATIS, BARBARA
STREET ADDRESS	7055 S TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 32952

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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ernest Limmiatis* **LIMMIATIS, ERNEST** APR 27 '06 305-665-7966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #