

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
14854 FAVERSHAM CIR.
ORLANDO FL 32826

Mailing Address
14854 FAVERSHAM CIR.
ORLANDO FL 32826



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

City & State

4. FEI Number

59-3621377

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RUBIO, PIEDAD
14854 FAVERSHAM CIR.
ORLANDO FL 32826

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 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, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BLECKER, EDGAR R M.D.
STREET ADDRESS 468 MIDVALE TERR
CITY- ST- ZIP SEBASTIAN FL 32958

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME BLCKER, ELVA A
STREET ADDRESS 468 MIDVALE TERR
CITY- ST- ZIP SEBASTIAN FL 32958

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME RUBIO, PIEDAD M
STREET ADDRESS 14854 FAVERSHAM CIR.
CITY- ST- ZIP ORLANDO FL 32826

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME RUBIO, HERNAN R
STREET ADDRESS 14854 FAVERSHAM CIR.
CITY- ST- ZIP ORLANDO FL 32826

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

PIEDAD RUBIO

4/5/5

Date

Daytime Phone #