


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 24, 2005 08:00 AM
Secretary of State

RECEIVED JAN 24 2005

DOCUMENT # L00000001407			
1. Entity Name GRZYBOWSKI PROPERTIES, LLC			
Principal Place of Business 6408 BADGER DRIVE TAMPA FL 33610		Mailing Address 6408 BADGER DRIVE TAMPA FL 33610	
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 59-3623743		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHITAKER, DANIEL D CAREY O'MALLEY WHITAKER & MANSON, P.A. 712 SOUTH OREGON AVENUE TAMPA FL 33606		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 NAME STREET ADDRESS CITY - ST - ZIP MGR GRZYBOWSKI, KENNETH F 6408 BADGER DRIVE TAMPA FL 33610 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000242535 02/25/05-80003-001 50.00	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *K.J. Grzybowski* **2/21/05 813-621-5777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #