


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90206 018 ****50.00

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|---|---|--|--|---|--|
| DOCUMENT # L00000003429 | | | |  | |
| 1. Entity Name S & P PROPERTIES, L.C. | | | | | |
| Principal Place of Business 2808 MANATEE AVENUE WEST BRADENTON, FL 34205 | | | Mailing Address 2808 MANATEE AVENUE WEST BRADENTON, FL 34205 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01152004 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 65-1021944 | | | | Applied For 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 | | |
| PERRON, ANDRE R ESQUIRE OZARK & PERRON, P.A. 2808 MANATEE AVENUE WEST BRADENTON, FL 34205 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR POLEWSKI, MARK 5170 O'NEIL DRIVE OLD CASTLE, ONT., CANADA, | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR POLEWSKI, ED 5170 O'NEIL DRIVE OLD CASTLE, ONT., CANADA, | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Andre R. Perron 2808 Manatee Ave. West Bradenton, FL 34205 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Andre R. Perron 2808 Manatee Ave. West Bradenton, FL 34205 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Andre R. Perron 2808 Manatee Ave. West Bradenton, FL 34205 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: _____ | | Date: 1/27/04 | | Daytime Phone #: 941 750-9760 | |