


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000005753	
1. Entity Name MSW PROPERTIES, LLC	

Principal Place of Business 13500 SUTTON PARK DRIVE SOUTH, SUITE 703 JACKSONVILLE, FL 32224	Mailing Address 13500 SUTTON PARK DRIVE SOUTH, SUITE 703 JACKSONVILLE, FL 32224
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DO NOT WRITE IN THIS SPACE



04272005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3637530	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 WILCOX, RALEIGH M 13500 SUTTON PARK DRIVE SOUTH SUITE 703 JACKSONVILLE, FL 32224
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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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEMMER, RICHARD 11633 HAMRICK PLACE JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCREE, THOMAS E 1258 QUEEN'S HARBOUR BLVD. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILCOX, RALEIGH M 665 SANDRINGHAM DRIVE JACKSONVILLE, FL 32225
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000359215 05/04/05-80146-008 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Raleigh M Wilcox 5/2/05 (904) 223-9556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #