

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90124 023 ****50.00

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1. Entity Name
FRESH WATER PROPERTIES, L.C.

Principal Place of Business
**28100 U.S. HIGHWAY 19 NORTH, SUITE 507
CLEARWATER, FL 33761**

Mailing Address
**28100 U.S. HIGHWAY 19 NORTH, SUITE 507
CLEARWATER, FL 33761**

24063178



2. Principal Place of Business
**585 MAIN ST.
Suite, Apt. #, etc.
SUITE 201**

3. Mailing Address
**585 MAIN ST.
Suite, Apt. #, etc.
SUITE 201**

04292004 Chg-LLC CR2E083 (10/03)

City & State
DUNEDIN FL
Zip
34698 Country
USA

City & State
DUNEDIN FL
Zip
34698 Country
USA

4. FEI Number
74-3045698 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRAHAM, THOMAS J
28100 U.S. HIGHWAY 19 NORTH, SUITE 507
CLEARWATER, FL 33761**

7. Name and Address of New Registered Agent

Name
THOMAS J. GRAHAM
Street Address (P.O. Box Number is Not Acceptable)
**585 MAIN ST.
SUITE 201**
City
DUNEDIN FL Zip Code
34698

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM ☒ Delete
NAME
GRAHAM, THOMAS J
STREET ADDRESS
28100 U.S. HIGHWAY 19 NORTH, SUITE 507
CITY-ST-ZIP
CLEARWATER, FL 33761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
MGRM THOMAS J. GRAHAM
STREET ADDRESS
585 MAIN ST. SUITE 201
CITY-ST-ZIP
DUNEDIN, FL 34698

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

THOMAS J. GRAHAM 4/29/04 727-733-9400
Date Daytime Phone #