

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000015605**

1. Entity Name  
**RINEHART PROPERTIES, L.L.C.**



Principal Place of Business

**272 E GRAVES AVE  
ORANGE CITY, FL 32763**

Mailing Address

**272 E GRAVES AVE  
ORANGE CITY, FL 32763**

**DO NOT WRITE IN THIS SPACE**



03122005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3702758**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CROWTHER, JAMES T  
272 E GRAVES AVE  
ORANGE CITY, FL 32763**

**DO NOT WRITE  
IN THIS SPACE**

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 CROWTHER, JAMES T 1726 BRIDGEWATER DR HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUFFY, LAWRENCE 4 OLD POST RD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000269998  
03/19/05-80034-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE*

Date

Daytime Phone #

*3-15-05 386-775-4300*