


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90073 026 ****55.00

DOCUMENT # L01000001303					
1. Entity Name INCHIAN PROPERTIES, L.L.C.					
Principal Place of Business 1314 EAST LAS OLAS BLVD SUITE 25 FT. LAUDERDALE, FL 33301			Mailing Address 1314 EAST LAS OLAS BLVD SUITE 25 FT. LAUDERDALE, FL 33301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCKENNA, JOHN E 3962 SW 6TH PLACE GAINESVILLE, FL 32607-2722			Name Conway, James C. Street Address (P.O. Box Number is Not Acceptable) 1314 East Las Olas Blvd. Suite 25 City Ft. Lauderdale FL Zip Code 33301		
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		James C. Conway, President		April 1, 2005	
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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONWAY, JAMES C 2507 DELMAR PLACE, SEVEN ISLES FORT LAUDERDALE, FL 333011516 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Conway, James C. 1314 East Las Olas Blvd. Suite 25 Ft. Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONWAY, JAMES D 60 LANTON RD., NEW LANDS GLASGOW, SCOTLAND, g 432sr <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Conway, James D. 60 Lanton Road, New Lands Glasgow, G43-2SR Scotland, UK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKENNA, JOHN E 3962 SW 6TH PLACE GAINESVILLE, FL 326072722 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Indicom, Inc. 911 North Dixie Freeway New Smyrna Beach, FL 32168 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INDICOM INC. 3962 SW 6TH PLACE GAINESVILLE, FL 326072722 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Indicom, Inc. 911 North Dixie Freeway New Smyrna Beach, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:		James C. Conway President		April 1, 2005 954-561-4315	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

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4. FEI Number 59-3703695 Applied For Not Applicable

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