## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L01000004362

1. Entity Name

STEINFELD PROPERTIES, LLC



04-29-2005 90050 033 \*\*\*\*50.00

Apr 29, 2005 8:00 am Secretary of State

**FILED** 

Principal Place of Business

Mailing Address

7509 EXCHANGE DRIVE ORLANDO, FL 32809

7509 EXCHANGE DRIVE ORLANDO, FL 32809

## 

04112005 No Chg-LLC

CR2E083 (10/03)

Applied For 4. FEI Number 59-3740226 Not Applicable \$5.00 Additional П

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

HARBERT, THOMAS R ESQ. MATEER & HARBERT, P.A.

DO	NOT	WRITE
IN	THIS	SPACE

ORLANDO, FL 32801			IN THIS SPACE		
	e named entity submits this statement for the purpose of cha- tions of registered agent.	nging its registere	d office or registered agent, or both, in the State of Fid	orida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	OATE	
F	iling Fee is \$50.00 ue by May 1, 2005				
₫.	MANAGING MEMBERS/MANAGERS				
THTLE	MGRM			•	
NAME	STEINFELD, VERA J				
STREET ADDRESS	7509 EXCHANGE DRIVE				
CITY-ST-ZIP	ORLANDO, FL 32809				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS			DO NOT W	RITE	
CITY-ST-ZIP					
TITLE			IN THIS SF	PACE	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				ļ	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

115 I hereby certify that the information supplied with this filling 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.

TITLE N. AE STREET ADDRESS CITY-ST-ZIP

> NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYP

407-859-6634