


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L01000004596 1. Entity Name L AND L PROPERTIES, LLC |  |
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04222004 No Chg-LLC

CR2E083 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-3706032 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALTON, JIMMY D
512 N MAGNOLIA AVE
OCALA, FL 34475

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM WALTON, LOUISE B 2340 SE 34TH ST OCALA, FL 34471 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM WALTON, BRIAN C 2340 SE 34TH ST OCALA, FL 34471 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM LEWIS, LESLIE W 18116 CANAL POINTE ST TAMPA, FL 33647 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |

1000000132568
04/27/04-80054-008 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 606, Florida Statutes.

SIGNATURE: Louise B. Walton - Louise B. Walton 4/22/04 (352) 622-9974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #