2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 17, 2005 08:00 AM Secretary of State

	ANNUAL REPORT			2005 08:00
DOCU	MENT # L01000005581		Secre	etary of Stat
1. Entity Name				•
REAL PROPERTIES MANAGEMENT CO., LLC				
		1		
Principal Plac	e of Business Mailing Address	a production of the same	*	
1070 POWELL DR 1070 POWELL DR				
SINGER ISLA	ND, FL 33404 SINGER ISLAND, FL 33	404		
			T CONTINUE THE COURT STEEL STATE OF THE COURT STATE ST	
		Land Control of the C	nancons No Charles C	20E002 (40/02)
17	O NOT WRITE IN THIS S	DACE	07282005 No Chg-LLC CF	R2E083 (10/03)
L	O NOT MULLE IN TUIS S	FACE	4. FEI Number 65-1102497	Applied For Not Applicable
,				\$5.00 Additional
			5. Certificate of Status Desired	Fee Required
Name and Address of Current Registered Agent				
POWELL.	H. BRANTLY		DO NOT WELL	r c
1070 POWELL DR SINGER ISLAND, FL 33404			DO NOT WRI	I E
			IN THIS SPACE	E
	named entity submits this statement for the purpose of changing its tions of registered agent.	registered office or register	red agent, or both, in the State of Florida. I	am familiar with, and accept
_				
SIGNATURE.	Signature, typed or printed name of registered agent and tille it applicable (NOT)	Registered Agent signature required	d when reinstating] DA	NTE
		, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	HOOOOGTC	roa
Filing Fee is \$50.00 Due by September 7, 2005			U00000376584 08/17/05-80804-004 50.00	
	- Carana Marie - Franti Di Marie -	* - * * * * * * * * * * * * * * * * * *		
9. TITLE	MANAGING MEMBERS/MANAGERS			
NAME	POWELL, H. BRANTLY			
STREET ADDRESS	1070 POWELL DR			
CITY-ST-ZIP	SINGER ISLAND, FL 33404	A A MARINE CONTRACTOR OF THE PARTY OF THE PA	· · · · · · · · · · · · · · · · · · ·	arte algressor, granding discountries.
TITLE	MGRM POWELL, CYNTHIA B		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	•
NAME STREET ADDRESS	1070 POWELL DR			
CITY-ST-ZIP	SINGER ISLAND, FL 33404			
TITLE	MGRM		The state of the s	The state of the s
NAME	GOULD, KELLY P			
STREET ADDRESS 1070 POWELL DR CITY-ST-ZP SINGER ISLAND, FL 33404		DO NOT WRITE		
TITLE		***************************************	eand 2	
NAME			IN THIS SPACE	
STREET ADDRESS		÷		
CITY - ST - ZIP			Management of Management of the contract of th	
TITLE NAME				
STREET ADDRESS				

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 KELLY P. GOULD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1/28/05

919-387-2929

Date

Daytime Phone ¥