

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

DOCUMENT # L01000005581

1. Entity Name  
REAL PROPERTIES MANAGEMENT CO., LLC



Principal Place of Business  
1070 POWELL DR  
SINGER ISLAND, FL 33404

Mailing Address  
1070 POWELL DR  
SINGER ISLAND, FL 33404



07282005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1102497

Applied For  
Not Applicable

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

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

POWELL, H. BRANTLY  
1070 POWELL DR  
SINGER ISLAND, FL 33404

**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 September 7, 2005**

1100000276584  
08/17/05-80004-004 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
POWELL, H. BRANTLY  
1070 POWELL DR  
SINGER ISLAND, FL 33404

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
POWELL, CYNTHIA B  
1070 POWELL DR  
SINGER ISLAND, FL 33404

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
GOULD, KELLY P  
1070 POWELL DR  
SINGER ISLAND, FL 33404

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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)(f), 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: Kelly P. Gould Kelly P. Gould  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/28/05  
Date

919-387-2929  
Daytime Phone #