## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYP

## Jan 31, 2005 08:00 AM **DOCUMENT # L01000006497 Secretary of State** 1. Entity Name 644 PROPERTIES, L.L.C. Principal Place of Business Mailing Address **644 CLEARLAKE ROAD 644 CLEARLAKE ROAD** COCOA, FL 32922 COCOA, FL 32922 01262005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3710184 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ISAACS, JUDY DO NOT WRITE 644 CLEARLAKE ROAD COCOA, FL 32922 IN THIS SPACE 8. The above named critity 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 signisture required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE NAME ISAACS, JUDY 644 CLEMRLAKE RD STREET ADDRESS U0000207022 02/01/05-60028-017 50.00 CITY-ST-ZIP COCOA, FL 32422 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET AUDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DTLE NAME STREET ADDRESS CITY-ST-ZIP 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.

FILED

1/27/2005

321-632-7169

Daytime Phone #

Judy Isaacs

E OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE