

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90016 046 ****50.00

DOCUMENT # L01000006571

1. Entity Name
CONNER PROPERTIES 2, L.L.C.



Principal Place of Business
**560 CENTER STREET
JUPITER, FL 33458**

Mailing Address
**560 CENTER STREET
JUPITER, FL 33458**

20018155



2. Principal Place of Business

715 W Indian town Rd
Suite, Apt. #, etc.

3. Mailing Address

715 W Indian town Rd
Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33458

Country

Palm Beach

Zip

33458

Country

Palm Beach

02182005 Chg-LLC CR2E083 (10/03)

4. FEI Number

65-1111161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GIRVIN, D.R. ESQUIRE
OCEANSIDE PROFESSIONAL CENTRE
1080 EAST INDIANTOWN ROAD, SUITE 102
JUPITER, FL 33477**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CONNERS, PAMELA J
18110 APRIL LANE
JUPITER, FL 33458** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CONNER, DAVID C
18110 APRIL LANE
JUPITER, FL 33458** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CONNER, JAMI
18110 APRIL LANE
JUPITER, FL 33458** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Pamela Conner **Pamela Conner** 2/2/05

561-744-2233