2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 03, 2004 08:00 AM **DOCUMENT # L01000006799** Secretary of State 1. Entity Name MCBRIDE FAMILY PROPERTIES LLC Principal Place of Business Mailing Address 2824 PALM BEACH BLVD. FT MYERS FL 33916 2824 PALM BEACH BLVD. FT MYERS FL 33916 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc MOORE CR2E083 (11/03) City & State Applied For City & State 4. FEI Number 65-1106127 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCBRIDE, GERALD Street Address (P.O. Box Number is Not Acceptable) 2824 PALM BEACH BLVD. FORT MYERS FL 33916 City 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM Change Addition ☐ Delete TITLE MCBRIDE, BRIAN NAME NAME U00000074521 03/03/04-80023-005 50.00 STREET ADDRESS 2824 PALM BEACH BLVD STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33916 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS 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.

**SIGNATURE** 

TYPED OR PRINTED NAME OF SIGNING

**FILED**