



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90220 038 \*\*\*\*50.00

<b>DOCUMENT # L01000009910</b> 1. Entity Name <b>ENCORE PROPERTY MANAGEMENT, LLC</b>			
Principal Place of Business <b>1224 PINE HARBOR POINT CIRCLE ORLANDO, FL 32806</b>		Mailing Address <b>1224 PINE HARBOR POINT CIRCLE ORLANDO, FL 32806</b>	
2. Principal Place of Business <b>75 Gallin Ave</b> Suite, Apt. #, etc. <b>Suite A</b> City & State <b>Orlando, FL</b> Zip <b>32806</b>		3. Mailing Address <b>75 Gallin Ave</b> Suite, Apt. #, etc. <b>Suite A</b> City & State <b>Orlando, FL</b> Zip <b>32806</b>	
			
		24050110	
		02112004 Chg-LLC CR2E083 (10/03)	
		4. FEI Number <b>52-2327471</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WARREN, NANCY 1224 PINE HARBOR POINT CIRCLE ORLANDO, FL 32806</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>75 Gallin Ave; Suite A</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32806</b>	
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 <u>NANCY WARREN</u> <u>Nancy Warren</u> <u>2/12/04</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE	PVST	TITLE	
NAME	WARREN, NANCY <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1224 PINE HARBOR POINT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	
TITLE	MGRM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONEY, DANIELLE <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	1224 PINE HARBOR POINT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	
TITLE	MGRM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, SUSAN <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	1224 PINE HARBOR POINT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.			
<b>SIGNATURE: NANCY WARREN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>2/12/04 407-855-5529</b> <small>Date Daytime Phone #</small>	