## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Feb 10, 2005 08:00 AM **DOCUMENT # L01000009971 Secretary of State** 1. Entity Name FRUITS PROPERTIES, LLC Mailing Address Principal Place of Business 12 W. ORANGE ST. 12 W. ORANGE ST. TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 01032005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3756051 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE FRUITS, ROGER 2348 OVERVIEW DR. NEW PORT RICHEY, FL 34655 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. D TITLE U00000224333 02/10/05-80083-003 50.00 FRUITS, ROGER G NAME 2348 OVERVIEW DR. STREET ADDRESS NEW PORT RICHEY, FL. 34655 CTY-ST-70 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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. Roger G. Fruits

STREET ADDRESS CITY-ST-ZIP

Title: Owner/Pres. Date: Feb. 4, 2005