


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90001 050 \*\*\*\*50.00

DOCUMENT # L01000013304 1. Entity Name STATELY PROPERTIES, L.L.C.	
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Principal Place of Business 6028 33RD ST E BRADENTON, FL 34203	Mailing Address 6028 33RD ST E BRADENTON, FL 34203
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DO NOT WRITE IN THIS SPACE



06282005 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 65-1128324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEPAOLA, JASON M  
1205 MANATEE AVE. WEST  
BRADENTON, FL 34205

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULTEMA, KURT R S 7228 CASTLE DR, SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWER, GLENN P P 6338 LAGUNA DR. LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCANNA, III, RICHARD E VS P.O. BOX 1990 HOMOSASSA SPRINGS, FL 34447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERTINE, CHARLES D VP P.O. BOX 454 HOMOSASSA SPRINGS, FL 34487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: 07.01.05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #