## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 02, 2004 08:00 AM Secretary of State

| 1. Entity Name   | MENT # L010000137<br>OPERTIES, L.L.C.  | <b>7</b> 48   |  | Sec  | retary of State  |
|--|--|---|--|--|--|
| Principal Place of Business Mailing Address 1361 13TH AVE., S. #190 1361 13TH AVE., S. #190 JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 3225 |  |   | 250  | . I MANILAN: ON SEALOR LEGIT OLD OF THE PRESENCE OF THE  | (1) BB/18 HBB 111 (17) BB/18 B/18 1 (18) B/18 B/18 B/18 B/18 B/18 B/18 B/18 B/18   |
| / p  | O NOT WRITE  B. Name and Address of Current F  |   | CE   | 01192004No Chg-LLC  4. FEI Number 59-3740679  5. Certificate of Status Desired   | CR2E083 (10/03)  Applied For Not Applicable  \$5.00 Additional Fee Required  |
| 1361 13TH  | C. CAMERON M.D.<br>I AVE., S. #190<br>VILLE BEACH, FL 32250  |   |  | DO NOT W<br>IN THIS SI   | *(   1   1   1   1   1   1   1   1   1   |
| the obligat  | named entity extensits this statement for ions of registered agent a signature, typed or printed name of registered agent as ling Fee is \$50.00 ue by May 1, 2004   |   | ed office or registe   | d when renerating)   | lorida. I am familiar with, and accept on the second secon |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MANAGING MEMBER<br>MGRM<br>GREENE, C. CAMERON<br>1361 13TH AVE., S. #190<br>JACKSONVILLE BEACH, FL 322   |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |  | lag pagamatan per sa sasan   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   | Top a contraction of the contrac | DO NOT V   |  |
| NAME STREET ADDRESS CITY-ST-ZIP  |  |   |  | IN THIS S  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   | at the temperature   | and the second s |  |
| NAME STREET ADDRESS CITY-ST-ZIP  | certify that the information supplied with   | this filling does not qualify for the ex-   | emotion stated in S  | ection 119 07(39)) Florida Statute   | I further certify that the information   |
| indicated limited lis  | certify that the information supplied with on this report is true and accurate and ability company or the receiver or true to the company or the | use mind dues not quality for the ex-<br>fact my signature shall have the san<br>empowered to execute this report a | emption stated in S<br>ne legal effect as if<br>as required by Char  | ecucii 113.07(3,47), Florida Statutes<br>made under oath; that I am a mani<br>oter 608, Florida Statutes.  | aging member or manager of the   |
| J. J. 11711  | SIGNATURE AND TYPED OR PRINTED NAME OF   | SIGNING MANAGING MEMBER, OR AUTHORI   | ZED REPRESENTATIVE   | Date   | Daysme Phone #   |