

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000014642 1. Entity Name RED HIBISCUS PROPERTIES LLC	
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Principal Place of Business 11820 RED HIBISCUS DRIVE BONITA SPRINGS, FL 34135	Mailing Address C/O PATRICK B. CASEY, J.D., CPA P.O. BOX 2527 BONITA SPRINGS, FL 34133
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07072004No Chg-LLC - CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3757300	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CASEY, PATRICK B JD, CPA 9240 BONITA BEACH ROAD SUITE 2209 BONITA SPRINGS, FL 34135

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

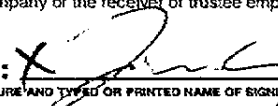
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07/12/04 08:03:10 ET \$0.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANGELI, MAJA G 11820 RED HIBISCUS DRIVE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GINSBERG, GUENTER 11820 RED HIBISCUS DRIVE BONITA SPRINGS, FL 34135
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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)(f), 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:  **GUENTER GINSBERG** 7/9/04 239 948-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #