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

Principal Place of Business	Mailing Address
11820 RED HIBISCUS DRIVE BONITA SPRINGS, FL 34135	C/O PATRICK B. CASEY, J.D., CPA P.O. BOX 2527 BONITA SPRINGS, FL 34133

DO NOT WRITE IN THIS SPACE

07072004No Chg-LLC – CR2E083 (10/03)

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 _____ 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 8, 2004

100000165878
07/12/04--00031--011 50.00

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