

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90007 015 ****50.00

DOCUMENT # L01000019595 1. Entity Name VOLUNTEER PROPERTIES OF DANIA, LLC			
Principal Place of Business 440 PHIPPEN WAITERS ROAD DANIA, FL 33004		Mailing Address 5300 WEST 16TH AVENUE HIALEAH, FL 33212	
2. Principal Place of Business Suite, Apt. #, etc. 383		3. Mailing Address 2004 NW 154 ST. Suite, Apt. #, etc. 383	
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL	
Zip 33016-5814	Country USA	4. FEI Number 23-3926923	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 3W301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P	NAME CROSS, K.C.	TITLE P	NAME CROSS, K.C.
STREET ADDRESS 5300 WEST 16 AVENUE	CITY-ST-ZIP HIALEAH, FL 33012	STREET ADDRESS 2004 N.W. 154 ST, STE 383	CITY-ST-ZIP MIAMI LAKES, FL 33016-5814
CITY-ST-ZIP HIALEAH, FL 33012	<input type="checkbox"/> Delete	CITY-ST-ZIP MIAMI LAKES, FL 33016-5814	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS STREET ADDRESS	TITLE NAME	STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS STREET ADDRESS	TITLE NAME	STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS STREET ADDRESS	TITLE NAME	STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		K.C. CROSS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 1/18/05 Daytime Phone # 305-556-3500	