

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90012 031 ****50.00

DOCUMENT # L01000020108					
1. Entity Name CERRONE PROPERTIES, L.C.					
Principal Place of Business WEST PALM BEACH PO BOX 210162 ROYAL PALM BEACH, FL 33421			Mailing Address 163 SANDPIPER AVE ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business Cerrone Properties Suite, Apt. #, etc. P.O. Box 210162 City & State Royal Palm Beach Zip 33421		3. Mailing Address Foriere, Roberto Suite, Apt. #, etc. 1823 waldorf Dr. City & State Royal Palm Beach Zip 33411			
Country Palm Beach		Country Palm Beach		07022004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 65-1155359				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent FORIERE, GRETA 163 SANDPIPER AVE ROYAL PALM BEACH, FL 33411	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORIERE, ROBERTO 163 SANDPIPER AVE ROYAL PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Foriere, Roberto 1823 waldorf Royal Palm Beach FL 33411 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			7-4-04 561-7925893		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		