

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90028 046 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

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34009227



<b>DOCUMENT # L01000020533</b>			
1. Entity Name RUMPH UNITED PROPERTIES L.L.C.			
Principal Place of Business 740 SW 10TH STREET BELLE GLADE, FL 33430-4250		Mailing Address PO BOX 228 BELLE GLADE, FL 33430	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1153012		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUMPH, RODNEY S 18651 Singletary Lane MIAMI, FL 33194		Name: Rodney S. Rumph Street Address (P.O. Box Number is Not Acceptable): 1865 Singletary Lane City: Miami, FL 33194	
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: _____	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: RUMPH, BEATRICE K STREET ADDRESS: 740 S.W. 10TH ST CITY-ST-ZIP: BELLE GLADE, FL 33430	<input type="checkbox"/> Delete	TITLE: MGRM NAME: <del>MGRM</del> MGR Mem. STREET ADDRESS: Rumph, Beatrice K. CITY-ST-ZIP: 740 S. W. 10th St. Belle Glade, FL 33430	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MEM NAME: RUMPH, SONYA STREET ADDRESS: 308 N.W. 10TH STREET #107 CITY-ST-ZIP: BELLE GLADE, FL 33430	<input type="checkbox"/> Delete	TITLE: MEM NAME: <del>SONYA RUMPH</del> STREET ADDRESS: <del>308 N.W. 10th St</del> CITY-ST-ZIP: Belle Glade, FL 33430	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MEM NAME: DAVIS, KSRLA R STREET ADDRESS: 308 N.W. AVE F #3 CITY-ST-ZIP: BELLE GLADE, FL 33430	<input type="checkbox"/> Delete	TITLE: MEM NAME: <del>DAVIS, KSRLA R.</del> STREET ADDRESS: <del>308 N.W. AVE F #3</del> CITY-ST-ZIP: Belle Glade, FL 33430	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input 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: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ 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 118.07(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: <i>Beatrice Rumph</i>		Date: 04-28-04 Phone #: 761-996-5678	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	