

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000021204

1. Entity Name
MUIRLANDS PROPERTIES, LLC



Principal Place of Business
**3033 RIVIERA DR
STE. 201
NAPLES, FL 34103**

Mailing Address
**3033 RIVIERA DR
STE. 201
NAPLES, FL 34103**



02252005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3589302

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUDD, DAVID G
3033 RIVIERA DR., STE. 201
NAPLES, FL 34103**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRT
STARMAN, SHELDON W
4099 TAMiami TRAIL N STE 400
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRS
BUDD, DAVID G
3033 RIVIERA DR STE 201
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DAVIS, JULIA M
9201 W OLYMPIC BLVD, STE 200
BEVERLY HILLS, CA 90212**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
LAPIN, DAVID A
9201 W OLYMPIC BLVD, STE 200
BEVERLY HILLS, CA 90212**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000250392
03/04/05-80009-004 55.00

**DO NOT WRITE
IN THIS SPACE**

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: David G. Budd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/28/05 (239) 263-7700

Date

Daytime Phone #

DAVID G. BUDD, ASSISTANT OPERATING MANAGER