

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90361 043 ****50.00

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1. Entity Name
FSD PROPERTIES, L.L.C.



Principal Place of Business
2180 MAIN STREET
SARASOTA, FL 34236

Mailing Address
P.O. BOX 2291
SARASOTA, FL 34230

24031300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0620488

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANGIE, RAMSEY J
3521 ALMERIA AVE
SARASOTA, FL 34239

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

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE P
NAME FRANGIE, RAMSEY J ☐ Delete
STREET ADDRESS 3521 ALMERIA AVENUE
CITY-ST-ZIP SARASOTA, FL 34239

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME STEWART, DANIEL ☐ Delete
STREET ADDRESS 1172 26TH AVENUE NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

TITLE ☒ Change ☐ Addition
NAME STEWART, DANIEL
STREET ADDRESS 10 PINEWOOD CIRCLE
CITY-ST-ZIP SAFETY HARBOR, FL 33469

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DUDECK, CHAD
STREET ADDRESS 10338 CHARLESTON CORNER RD.
CITY-ST-ZIP TAMPA, FL 33635

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

4/19/04 941-365-4007