## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000000095

P & D PROPERTIES, LLC

**FILED** Feb 07, 2004 08:00 AM Secretary of State

Principal Place of Business

181 CIRCLE DRIVE MAITLAND, FL 32751 Mailing Address 181 CIRCLE DRIVE MAITLAND, FL 32751



01052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 60-0002144

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REX, WALTER A 181 CIRCLE DRIVE MAITLAND, FL 32751

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

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			11.4	THIS SI AGE
	e named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered	office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agont and tille if applicable.		(NOTE Registered Agent signature required when reinstating)		DATE
Filing Fee is \$50.00 Due by May 1, 2004				02/09/04-80019-002 55.00
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	REX, WALTER			
STREET ADDRESS				
CITY-ST-ZIP	MAITLAND, FL 32751			
TITLE	MGR			
NAME	REX, MARGRET B			·
STREET ADDRESS	1			
CITY-ST-ZIP	MAITLAND, FL 32751			
TITLE		ł		

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CITY-ST-ZIP loss not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information partire shall have the same legal effect as if made under oath; that I am a managing member or manager of the dy to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with this filling do indicated on this report is true and adcurate and that my sign limited liability company or the Wai

SIGNATURE: 🗸

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