2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 19, 2005 08:00 AM Secretary of State

DOCL	IMEN	UT#	L020	ാവവ	00095
ひししし	יושועור.	VIII	レレとい	JUUU	00000

1. Entity Name F P & D PROPERTIES, LLC



Principal Place of Business

181 CIRCLE DRIVE MAITLAND, FL 32751 Mailing Address

181 CIRCLE DRIVE MAITLAND, FL 32751



02152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 60-0002144

Applied For Not Applicable

5. Certificate of Status Desired

H

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REX, WALTER A 181 CIRCLE DRIVE MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

	pove named entity submits this statement for the puligations of registered agent.	rpose of changing its registers	d office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATU				
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Hegistered	Agent signature required when reinstaling)	DATE
	Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MA	NAGERS		
TITE C	MGP			

y	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REX, WALTER 181 CIRCLE DR. MAITLAND, FL 32751	_	_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REX, MARGRET B 181 CIRCLE DR. MAITLAND, FL 32751					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		27.28				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•				
TITLE NAME STREET ADDRESS			_			

000000235451 02/19/05-80004-014 55.00

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 the appliance 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 of the reverser of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATUR

CITY-ST-ZIP

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

1-15-05

4076446303

Daytime Phone #