

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 23, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # L02000001758**

1. Entity Name  
**SYDMAC PROPERTIES, L.L.C.**



Principal Place of Business  
**170 BLOXHAM AVE.  
ORANGE CITY, FL 32763**

Mailing Address  
**170 BLOXHAM AVE.  
ORANGE CITY, FL 32763**



02102004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0689064**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BOOKER, KIM C  
170 BLOXHAM AVE.  
ORANGE CITY, FL 32763**

**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

*KC Booker*

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

(NOTE: Registered Agent signature required when reinstating)

*2/13/04*

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BOOKER, KIM C  
170 BLOXHAM AVE.  
ORANGE CITY, FL 32763**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BOOKER, JOHN S  
170 BLOXHAM AVE.  
ORANGE CITY, FL 32763**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
CHILDRESS, KANDI  
RT. 4, BOX 107  
MOBERLY, MO 65270**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000060704  
02/23/04-80050-011 50.00

**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:

*KC Booker*

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

*2/13/04 387746552*

Date

Daytime Phone #