


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90032 004 ****50.00

DOCUMENT # L02000004943 1. Entity Name PADANCO PROPERTIES, LLC	
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Principal Place of Business 4258 LORRAINE AVENUE NAPLES, FL 34104	Mailing Address PO BOX 954 NAPLES, FL 34104
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DO NOT WRITE IN THIS SPACE



03062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3687001	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

JONES, RICHARD M
SUITE 205
850 CENTRAL AVENUE
NAPLES, FL 34102

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.


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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAUNIER, PATRICIA L 4258 LORRAINE AVENUE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHIRINOS, DANIEL 4258 LORRAINE AVENUE NAPLES, FL 34104
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**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)(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:  **4/13/05** **(239) 732-7665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #