
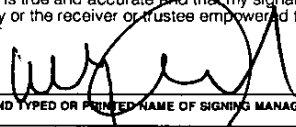


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90385 037 \*\*\*\*50.00

<b>DOCUMENT # L02000006403</b> 1. Entity Name <b>GOULD FAMILY PROPERTIES, L.L.C.</b>			
Principal Place of Business <b>106 SPRINGLINE DR., VERO BEACH, FL 32963</b>		Mailing Address <b>106 SPRINGLINE DR., VERO BEACH, FL 32963</b>	
2. Principal Place of Business <b>3339 Cardinal Drive</b> Suite, Apt. #, etc. <b>200</b>		3. Mailing Address <b>3339 Cardinal Drive</b> Suite, Apt. #, etc. <b>200</b>	
City & State <b>Vero Beach, FL</b>		City & State <b>Vero Beach, FL</b>	
Zip <b>32963</b>	Country	Zip <b>32963</b>	Country
4. FEI Number <b>02-0582331</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOULD, WAYNE 106 SPRINGLINE DR., VERO BEACH, FL 32963</b>		7. Name and Address of New Registered Agent Name <b>Wayne Gould</b> Street Address (P.O. Box Number is Not Acceptable) <b>3339 Cardinal Drive</b> Ste <b>200</b> City <b>Vero Beach, FL</b> Zip Code <b>32963</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM GOULD, WAYNE 106 SPRINGLINE DR., VERO BEACH, FL 32963</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM Wayne Gould 3339 Cardinal Drive, Ste 200 Vero Beach, FL 32963</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 		<b>3/14/05 704-342-4321</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	