

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90533 037 ****50.00

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02252005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000009646 1. Entity Name MIKE SKINNER PROPERTIES, LLC					
Principal Place of Business 221 CESSNA BLVD. DAYTONA BEACH, FL 32128			Mailing Address 221 CESSNA BLVD. DAYTONA BEACH, FL 32128		
2. Principal Place of Business 221 Cessna Blvd		3. Mailing Address 221 Cessna Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port Orange, FL		City & State Port Orange, FL		4. FEI Number 05-0540404	
Zip 32128		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SKINNER, ANGELA 221 CESSNA BLVD. DAYTONA BEACH, FL 32128			7. Name and Address of New Registered Agent Name Skinner, Angela Street Address (P.O. Box Number is Not Acceptable) 221 Cessna Blvd City Port Orange		
			FL		Zip Code 32128
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)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKINNER, ANGELA 1802 ROSCOE TURNER TRAIL DAYTONA BEACH, FL 32128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKINNER, MICHAEL 1802 ROSCOE TURNER TRAIL DAYTONA BEACH, FL 32128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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.					
SIGNATURE:				3-21-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	