

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90042 033 \*\*\*\*50.00

**DOCUMENT # L02000010935**

1. Entity Name  
**HOMESTEAD PROPERTIES, LLC**



Principal Place of Business  
**2106 DEKLE AVENUE  
TAMPA, FL 33606 US**

Mailing Address  
**2106 DEKLE AVENUE  
TAMPA, FL 33606 US**

**24053868**



2. Principal Place of Business  
**526 14th Ave., N.E.**  
Suite, Apt. #, etc.

3. Mailing Address  
**526 14th Ave., N.E.**  
Suite, Apt. #, etc.

04202004 Chg-LLC CR2E083 (10/03)

City & State  
**St. Petersburg FL**  
Zip **33701** Country **US**

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**St. Petersburg, FL**  
Zip **33701** Country **US**

4. FEI Number  
**37-1443866**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KANTNER, RICHARD I JR.  
2106 DEKLE AVE  
TAMPA, FL 33606**

**7. Name and Address of New Registered Agent**

Name **Richard I. Kantner, Jr**  
Street Address (P.O. Box Number is Not Acceptable)  
**526 14th Ave, NE.**  
City **St. Petersburg FL** Zip Code **33701**

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 *[Signature]* **Rec. Agent** DATE **4/23/04**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	KANTNER, RICHARD I JR	
STREET ADDRESS	2106 DEKLE AVE	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	MACPHEE, DAVID W	
STREET ADDRESS	664 NORTH RD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HAYES, CURTIS D	
STREET ADDRESS	1119 SE 15TH ST	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD I. KANTNER, JR	
STREET ADDRESS	526 14th Ave, NE.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **RICHARD I. KANTNER, JR.** DATE **4/23/04** DAYTIME PHONE # **727-224-9646**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE