


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000013084 1. Entity Name CHRISTIE PROPERTIES, LLC	
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Principal Place of Business 775 E. MERRITT ISLAND CAUSEWAY SUITE 235 MERRITT ISLAND, FL 32952	Mailing Address 775 E. MERRITT ISLAND CAUSEWAY SUITE 235 MERRITT ISLAND, FL 32952
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DO NOT WRITE IN THIS SPACE



03292005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 03-0466571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CHRISTIE, TODD E 775 E. MERRITT ISLAND CAUSEWAY SUITE 235 MERRITT ISLAND, FL 32952	DO NOT WRITE IN THIS SPACE
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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 _____

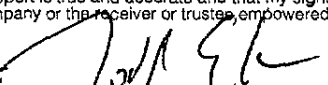
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TODD E. CHRISTIE, D.M.D., P.A. 195 ALAMEDA DRIVE MERRITT ISLAND, FL 32952
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04/01/05-80036-020 50.00

**DO NOT WRITE
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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:  **3/30/05 321-454-4596**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #