

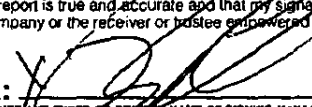
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 APR -8 AM 8:37

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

34002252

DOCUMENT # L02000014313			
1. Entity Name ULMERTON ROAD PROPERTIES, LLC			
Principal Place of Business C/O DONALD L. BOOTH, ESQ. 9641 GULF BLVD. TREASURE ISLAND, FL 33706		Mailing Address C/O DONALD L. BOOTH, ESQ. 9641 GULF BLVD. TREASURE ISLAND, FL 33706	
2. Principal Place of Business 8751 Ulmerton Rd		3. Mailing Address 8751 Ulmerton Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Legal Dept.	
City & State Largo, FL		City & State Largo, FL	
Zip 33771		Country USA	
4. FEI Number -APPLIED FOR 27-0021532		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOOTH, DONALD L ESQ. 9641 GULF BLVD. TREASURE ISLAND, FL 33706		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8751 Ulmerton Blvd City Largo FL Zip Code 33771	
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 changing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WOLF, BRYON 6116 KIPPS COLONY DR. W GULFPORT, FL 33707 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REILLY, DAVID 1102 2ND AVE. SOUTH TIERRA VERDE, FL 33715 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ELIASSON, ROY 3008 LONGBROOKE WAY CLEARWATER, FL 33760 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		3/3/04 787-471-0288	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	