

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90124 016 ****50.00

DOCUMENT # L02000015795 1. Entity Name ABIDING PROPERTIES, LLC					
Principal Place of Business 1229 SW 21ST TERRACE CAPE CORAL, FL 33991			Mailing Address 1229 SW 21ST TERRACE CAPE CORAL, FL 33991		
2. Principal Place of Business 18100 MORNING STAR LN Suite, Apt. #, etc.		3. Mailing Address 18100 MORNING STAR LANE Suite, Apt. #, etc.		24013134 	
City & State CAPE CORAL, FL Zip 33993		City & State CAPE CORAL, FL Zip 33993		4. FEI Number 03-0463399	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SYLVIA, JUDITH A 1229 SW 21ST TERRACE CAPE CORAL, FL 33991			7. Name and Address of New Registered Agent Name JUDITH A. SYLVIA Street Address (P.O. Box Number is Not Acceptable) 18100 MORNING STAR LANE City CAPE CORAL FL Zip Code 33993		
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 <u><i>Judith A. Sylvia</i></u> 2/18/04 Signature, typed or printed name of registered agent and title (last name) (Typed Name of Agent Signature Required when not applicable)					
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	MGRM SYLVIA, MARK W 1229 SW 21ST TERRACE CAPE CORAL, FL 33991	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18100 MORNING STAR LANE CAPE CORAL, FL 33993	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SYLVIA, JUDITH A 1229 SW 21ST TERRACE CAPE CORAL, FL 33991	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18100 MORNING STAR LANE CAPE CORAL, FL 33993	☒ Change ☐ Addition
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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: <u><i>Judith A. Sylvia</i></u> JUDITH A. SYLVIA, MGRM 2/18/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					