

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L02000015795

1. Entity Name  
ABIDING PROPERTIES, LLC



Principal Place of Business  
18100 MORNING STAR LN  
CAPE CORAL, FL 33993

Mailing Address  
18100 MORNING STAR LN  
CAPE CORAL, FL 33993

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**



03082005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0463399

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SYLVIA, JUDITH A  
18100 MORNING STAR LANE  
CAPE CORAL, FL 33993

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SYLVIA, MARK W  
18100 MORNING STAR LANE  
CAPE CORAL, FL 33993

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SYLVIA, JUDITH A  
18100 MORNING STAR LANE  
CAPE CORAL, FL 33993

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CITY-ST-ZIP

U000000259470  
03/11/05-80026-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JUDITH A. SYLVIA MGRM 3/8/05 239-980-0026