2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 23, 2004 8:00 am Secretary of State

DOCUMENT # L02000016598 1. Entity Name FINISH PROPERTIES, LLC							02-23-2004 90346 031 ****50.00				
Principal Place of Business 127 W. FAIRBANKS AVE.		Mailing Address 127 W. FAIRBANKS AVE.				24013570					
#507 Winter Park, FL 32789		#507 Winter Park, Fl 32789				Bila itan arki balil obli	II 69161 IIGIO DI	183 BIJIR IBIBI 18			
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02182004	Chg-LLC	CR2E0	83 (10/03)		
City & State			City & State			4. FEI Number 01-0727			_ 	oplied For ot Applicable	
Zip	Country		Zip	Country		5. Certificate o	f Status Desired		\$5.00 Add Fee Require		
	6. Name and Address	of Current R	egistered Agent			7. Name and A	ddress of New R	egistered /	gent		
DEALUOU	- ~	- ,			Name						
BEAMISH, 127 W. FA #507	IRBANKS AVE.		Street Address			is Not Acceptable	e)	المنافقة المنافقة	·		
WINTER PARK, FL 32789											
				City				FL	Zip Cod	e	
	named entity submits this s ions of registered agent.	tatement for t	the purpose of changing its	s register	ed office or regi	stered agent, or both	, in the State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of re	gistered agent and	d title if applicable. (NO	E: Registere	d Agent signature req	uired when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2004							∵ Florida	e check p i Departm	ayable to ent of State		
9.		NG MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGRM		☐ Delete						☐ Change	☐ Addition	
NAME STREET ADDRESS	BEAMISH, DAVID R 1259 ESSEX RD.			NAME							
STREET ADDRESS C/TY-ST-Z/P	WINTER PARK, FL 32789				ET ADDRESS -ST-ZIP					. .	
TITLE	MGRM		☐ Delete	Detete TITLE					☐ Change	☐ Addition	
NAME	FINFROCK, WILLIAM A		NAM	1				onungo			
STREET ADDRESS	1461 SUNNYSIDE DR.		₅ 57		ET ADDRESS						
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP							
title Name			Delete	TITLE NAMI	I .				☐ Change	Addition	
STREET ADDRESS	<i>J</i> .				ET ADORESS						
CITY-ST-ZIP				_	-ST-ZIP		·		<u> </u>		
TITLE			☐ Delete	TITLE	I				☐ Change	Addition	
NAME STREET ADDRESS	,			NAMI STRE	ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE NAME			☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	TITLE	:				☐ Change	☐ Addition	
NAME				NAMI	I						
STREET ADDRESS CITY-ST-ZIP				1	ET ADDRESS -ST-ZIP					₹,-%¢	
	ertify that the information su	ipplied with th	nis filing does not qualify fo			Section119.07(3)(i)	Florida Statutes 1	further cert	fy that the in	nformation	

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.

DAVE BEAMISH SIGNATURE:

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