2004 LIMITED LIABILITY COMPANY

TITLE

STREET ADDRESS CITY-SY-78 TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Apr 16, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L02000019602** 1. Entity Name FLIPPO PROPERTIES LLC Mailing Address Principal Place of Business RALPH N FLIPPO RALPH N FLIPPO 5764 DOGWOOD ROAD 5764 DOGWOOD ROAD PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 04122004No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 72-1556148 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent FLIPPO, RALPH N DO NOT WRITE 5764 DOGWOOD ROAD PORT ORANGE, FL 32127 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE FLIPPO, RALPH N NAME STREET ADDRESS 5764 DOGWOOD ROAD CITY-ST-ZIP PORT ORANGE, FL 32127 TITLE **MGRM** FLIPPO, RALPH N NAME 5764 DOGWOOD ROAD STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32127 TILE NAME STREET ADDRESS DO NOT WRITE CMY-ST-ZIP IN THIS SPACE TITLE MANE STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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.

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE