2005 LIMITED LIABILITY COMPANY
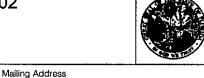## ANNUAL REPORT

DOCUMENT # L02000019602

1. Entity Name
FLIPPO PROPERTIES LLC

Principal Place of Business	Mailing Address
RALPH N FLIPPO 5764 DOGWOOD ROAD PORT ORANGE, FL 32127	RALPH N FLIPPO 5764 DOGWOOD ROAD PORT ORANGE, FL 32127

DO NOT WRITE IN THIS SPACE

07142005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
72-1556148	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FLIPPO, RALPH N
5764 DOGWOOD ROAD
PORT ORANGE, FL 32127

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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 reinstating)	DATE

Filing Fee is $50.00
Due by September 7, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FLIPPO, RALPH N
STREET ADDRESS	5764 DOGWOOD ROAD
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	MGRM
NAME	FLIPPO, RALPH N
STREET ADDRESS	5764 DOGWOOD ROAD
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Ralph N. Flippo_   7-21-05   386-322-4930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #