



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90101 007 ****50.00

DOCUMENT # L02000022239					
1. Entity Name PELOT PROPERTIES, LLC					
Principal Place of Business 105 ROSEWOOD LANE C/O JAMES TRUBE GREENACRES FL 33463			Mailing Address PO BOX 541345 LAKE WORTH FL 33454		
2. Principal Place of Business 2740 SW martin downs Blvd. Suite, Apt. #, etc. Pmb # 133		3. Mailing Address Suite, Apt. #, etc.			
City & State Palm City FL		City & State		4. FEI Number 11-3650226	
Zip 34990		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRUBE, JAMES 105 ROSEWOOD LANE GREENACRES FL 33463			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2740 SW martin downs Blvd Pmb # 133 City Palm City FL 34990		
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 <i>Vickie Trube</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<i>Vickie B Trube</i> <small>(NOTE: Registered Agent signature required when renewing)</small>		DATE 4/11/05	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUBE, JAMES 105 ROSEWOOD LANE GREENACRES FL 33463	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2752 SW Newberry Ct. Palm City FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUBE, VICKIE 105 ROSEWOOD LANE GREENACRES FL 33463	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2752 SW Newberry Ct. Palm City FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Vickie B Trube</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4-11-05 561-601-1252 <small>Date Daytime Phone #</small>		