

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000027129

1. Entity Name
MS & LT PROPERTIES, LLC



Principal Place of Business
**4955 FALLCREST CIRCLE
SARASOTA, FL 34233**

Mailing Address
**4955 FALLCREST CIRCLE
SARASOTA, FL 34233**



02142004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0489143

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SABA, RICHARD D ESQ.
2033 MAIN STREET, SUITE 303
SARASOTA, FL 34237**

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000057326
02/19/04-80057-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SCHAPER, LAURENCE T
4955 FALLCREST CIRCLE
SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SCHAPER, MARCIA
4955 FALLCREST CIRCLE
SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 606, Florida Statutes.

SIGNATURE: Laurence T. Schaper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/14/04 (941) 922-5245
Date Daytime Phone #