


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000027205</b> 1. Entity Name <b>LEWIS PROPERTIES, LLC</b>	
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Principal Place of Business <b>5831 NATURAL BRIDGE ROAD WOODVILLE, FL 32362</b>	Mailing Address <b>P.O. BOX 199 WOODVILLE, FL 32362</b>
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01112005 No Chg-LLC

CR2E083 (1Q/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>82-0572154</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HINES, JAMES P 315 S. HYDE PARK AVE. TAMPA, FL 33606</b>
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**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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWIS, WILLIAM D PO BOX 199 WOODVILLE, FL 32362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWIS, JULIA R PO BOX 199 WOODVILLE, FL 32362
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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)(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 608, Florida Statutes.

**SIGNATURE:** Julia R. Lewis **JULIA R. LEWIS** **FEB. 09, 2005 421-4321**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #