

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90432 023 ****50.00

DOCUMENT # L02000027532

1. Entity Name
PRESERVE PROPERTIES, LLC



Principal Place of Business
17 W. PENNSYLVANIA AVE., SUITE 500
TOWSON, MD 21204

Mailing Address
17 W. PENNSYLVANIA AVE., SUITE 500
TOWSON, MD 21204



2. Principal Place of Business
1427 Clarkview Rd.

3. Mailing Address
1427 Clarkview Rd.

Suite, Apt. #, etc.
Suite 500

Suite, Apt. #, etc.
Suite 500

03032004 Chg-LLC CR2E083 (10/03)

City & State
Baltimore, MD

City & State
Baltimore, MD

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
21209

Country

Zip
21209

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEDKE, MICHAEL A
4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES, FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME CONTINENTAL REALTY INVESTORS CORP.
STREET ADDRESS 17 W. PENNSYLVANIA AVE., SUITE 500
CITY-ST-ZIP TOWSON, MD 21204

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1427 Clarkview Rd. Suite 500
CITY-ST-ZIP Baltimore, MD 21209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: By: William H. Kinnear, Jr. VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

410-296-4800