



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000028456 1. Entity Name REDD PROPERTIES, LLC	
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Principal Place of Business 105 HAMLIN T. LANE ALTAMONTE SPRINGS, FL 32714	Mailing Address 105 HAMLIN T. LANE ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE



02182004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 57-1135862	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOWMAN, WILLIAM R JR, ESQ
315 EAST ROBINSON STREET, SUITE 600
ORLANDO, FL 32801**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U000000059234
02/20/04-80073-007 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM REDD, JOHNNY R 105 HAMLIN T LANE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM REDD, SHERRY M 105 HAMLIN T LANE ALTAMONTE SPRINGS, FL 32714
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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)(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.

Sherry M. Redd
SIGNATURE: Sherry M. Redd, MGRM **2/18/04** **407-869-1487**

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