## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L02000029940** 05-02-2005 90120 017 \*\*\*\*50.00 DELISLE PROPERTIES, LLC Principal Place of Business Mailing Address 232 S DILLARD ST 232 S DILLARD ST ...... WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05312005 CR2E083 (10/03) Cha-LLC City & State City & State 4. FEI Number Applied For APPLIED FOR 74-3072173 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DELISLE, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 232 S DILLARD ST WINTER GARDEN, FL 34787 City 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 September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Change ☐ Addition TITLE пле ☐ Delete DELISLE, STEVEN A NAME STREET ADDRESS 232 S DILLARD ST STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNA STEVEN A. DELISIE 5-31-05 407-395-600 NO-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

FILED

Jun 17, 2005 8:00 am

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							ATTACHMENT			
Principal Place of Business Mailing Address										
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2. Principal P	lace of Busin	1622	3. Mailing Address	3. Malling Address					A.	
Suite, Apt.	ø, etc.	<u></u>	Suite, Apt. #, etc.			03242005	Chg-LLC	CR2E083 (10/03)		
City & State	Đ		City & State			4. FEI Numb	D FOR 74-	こうしょう いきかー レー	oplied For of Applicable	
Zip	Country		Zip Court		itry	5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name	and Address of Curren	t Registered Agent				7. Name and Address of New Registered Agent			
DELISLE, STEVEN A						<u></u>	· · · · · · · · · · · · · · · · · · ·			
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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, sypeo	to private name of registered ago	t and the 4 applicable (P40)	C Pages	id Agent eigneber requi	red when reinsteing)		DATE		
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		ls \$50.00 y 1, 2005						a Department of Stat	•	
9.		MANAGING MEMB		10.			ADDITIONS	/CHANGES		
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J DUNNER IN	army compa	any or and recovered or must		7	uquruq by 018				ļ	
SIGNATURE: 4/27/05 407-395-0001x109										
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