

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000031175

1. Entity Name

GARDEN PLACE PROPERTIES, LLC



Principal Place of Business

PO BOX 341784
TAMPA FL 33694-1784

Mailing Address

PO BOX 341784
TAMPA FL 33694-1784

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number 06-1662408

Applied For

Not Applicable

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

NASIRUDIN, BIBI
6307 FORRESTAL DRIVE
TAMPA FL 33625

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME NASIRUDIN, MOHAMED
STREET ADDRESS 6307 FORRESTAL DRIVE
CITY-ST-ZIP TAMPA FL 33625

TITLE MGRM ☐ Delete
NAME NASIRUDIN, BIBI A
STREET ADDRESS 6307 FORRESTAL DRIVE
CITY-ST-ZIP TAMPA FL 33625

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 000000218910
STREET ADDRESS 02/08/05-80007-009 55.00
CITY-ST-ZIP

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

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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)(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: *Mr. Nasirudin Mohamed Nasirudin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-02-05 (813) 264-6624
Date Daytime Phone #