


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000032011</b> 1. Entity Name <b>CIRCLE-T PROPERTY MANAGEMENT L.L.C.</b>	
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Principal Place of Business <b>9601 SW CITRUS BOULEVARD INDIAN TOWN, FL 34956</b>	Mailing Address <b>PO BOX 801 INDIAN TOWN, FL 34956</b>
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**DO NOT WRITE IN THIS SPACE**



03012004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>01-0756278</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**ROSEN, BORIS  
150 SE 2ND AVENUE STE. 1200  
MIAMI, FL 33131**

**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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM TROUP, WILLIAM J 9601 CITRUS BLVD INDIAN TOWN, FL 34956</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM TROUP, LANCE K 924 S ALAHAMBRA CIRCLE MIAMI, FL 33146</b>
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U00000091855  
03/18/04-80025-015 50.00

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:** William J Troup **William J TROUP** 2/29/04 (772) 240 4430  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #