2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000032241

1. Entity Name
FAF PROPERTIES, LLC

FILED
Apr 14, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
6411 PERSHING STREET NE ST. PETERSBURG, FL 33702	6411 PERSHING STREET NE ST. PETERSBURG, FL 33702 US

02072005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1167715
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEFTE, ANNA B
6411 PERSHING STREET NE
ST. PETERSBURG, FL 33702

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

U00000305738
04/14/05-80097-005 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WENCE, KEVIN M
STREET ADDRESS	1938 76 PLACE N.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	MGRM
NAME	WENCE, CATHERINE E
STREET ADDRESS	1938 76 PLACE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	MGRM
NAME	HEFTE, ANNA B
STREET ADDRESS	6411 PERSHING ST. NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	MGRM
NAME	HEFTE, AARON D
STREET ADDRESS	6411 PERSHING ST. NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	MGRM
NAME	ROUNTREE, MICHAEL J
STREET ADDRESS	6175 WOODROW WILSON BLVD. NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	MGRM
NAME	ROUNTREE, NORA F
STREET ADDRESS	6175 WOODROW WILSON BLVD. NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703

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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: A Hefte 4-11-05 727-522-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #