

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000033126**

1. Entity Name  
**STREAT PROPERTIES, LLC**



Principal Place of Business

**250 N.W. 5TH AVENUE  
BOCA RATON, FL 33432**

Mailing Address

**250 N.W. 5TH AVENUE  
BOCA RATON, FL 33432**



01102005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1163449**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STREAT, PHILIP P  
250 NW 5TH AVENUE  
BOCA RATON, FL 33432**

**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 \_\_\_\_\_

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 May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	STREAT, PHILIP P
STREET ADDRESS	250 N.W. 5TH AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	P
NAME	STREAT, PHILIP P
STREET ADDRESS	250 N.W. 5TH AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGR
NAME	STREAT, LORRAINE
STREET ADDRESS	250 N.W. 5TH AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	V
NAME	STREAT, LORRAINE
STREET ADDRESS	250 N.W. 5TH AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	PLSM ENTERPRISES, LTD.
STREET ADDRESS	250 N.W. 5TH AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000178381  
01/12/05-80024-025 50.00

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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.

**SIGNATURE:** Philip Streat PHILIP STREAT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/10/05 561 251-8120