

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT# L02000035200

1. Entity Name

DREW TIN AP PROPERTIES I, L.L.C.



Principal Place of Business

4601 S.W. 34TH STREET, SUITE 102
ORLANDO, FL 32811

Mailing Address

4601 S.W. 34TH STREET, SUITE 102
ORLANDO, FL 32811



03012004 No Chg-LLC

CR2E083(10/03)

DO NOT WRITE IN THIS SPACE

4. FEIN Number

74-3083671

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, SOUTH & MILHAUSEN, P.A.
C/O JEFFREY P. MILHAUSEN, ESQ.
26 LEER ROAD, SUITE 120
WINTER PARK, FL 32789

**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, the registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agents signature required where

instating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NEAF, ARTHURO
STREET ADDRESS	4601 S.W. 34TH STREET, SUITE 102
CITY - ST - ZIP	ORLANDO, FL 32811

TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	

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04/09/04-80023-025 50.00

**DO NOT WRITE
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. 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 SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Art Neaf

4/5/04

407-841-8344