

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90069 021 ****50.00

DOCUMENT # L03000001380

1. Entity Name

HEMET PROPERTIES LLC



Principal Place of Business

**9 DEER CREEK RD., A-105
DEERFIELD BEACH FL 33442**

Mailing Address

**9 DEER CREEK RD., A-105
DEERFIELD BEACH FL 33442**



2. Principal Place of Business

**1030 S. Federal Hwy.
Suite, Apt. #, etc.
#117**

3. Mailing Address

**1030 S. Federal Hwy.
Suite, Apt. #, etc.
#117**

1st MOORE

CR2E083 (10/05)

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

68-0580641

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

33483

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SWEENEY, PAULA J
9 DEER CREEK RD.
DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name

Paula J. Sweeney

Street Address (P.O. Box Number is Not Acceptable)

1030 S. Federal Hwy., #117

City

Delray Beach

FL

Zip Code

33483

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

4/10/06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SWEENEY, PAULA J**
STREET ADDRESS **9 DEER CREEK RD, A105**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **MGR** ☐ Delete
NAME **MESTAS, BETSY**
STREET ADDRESS **9 DEER CREEK RD, A105**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

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 **Mgr.** ☐ Change ☐ Addition
NAME **Paula J. Sweeney**
STREET ADDRESS **1030 S. Federal Hwy., #117**
CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **Mgr.** ☐ Change ☐ Addition
NAME **Betsy Mestas**
STREET ADDRESS **1030 S. Federal Hwy., #117**
CITY-ST-ZIP **Delray Beach, FL 33483**

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

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

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

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 exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

AS of 4/20/06
4/10/06 561-272-8595