
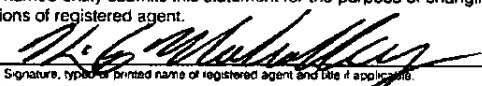



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 05, 2004 8:00 am
Secretary of State

02-17-2004 90195 044 ****50.00

DOCUMENT # L03000002633					
1. Entity Name MAHAFFEY PROPERTIES, LLC					
Principal Place of Business 7637 BROOK FOREST WAY PENSACOLA FL 32514			Mailing Address 7637 BROOK FOREST WAY PENSACOLA FL 32514		
2. Principal Place of Business 5623 whispering woods Dr			3. Mailing Address 5623 whispering woods Dr		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Pace, FL			City & State Pace, FL		
Zip 32571 Country USA			Zip 32571 Country USA		
4. FEI Number 20-0777598			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MAHAFFEY, KEVIN G 7637 BROOK FOREST WAY PENSACOLA FL 32514			7. Name and Address of New Registered Agent Name MAHAFFEY, Kevin G Street Address (P.O. Box Number is Not Acceptable) 5623 whispering woods Dr City Pace FL Zip Code 32571		
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  2-11-04 (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAHAFFEY, KEVIN G <input type="checkbox"/> Delete 7637 BROOK FOREST WAY PENSACOLA FL 32514				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAHAFFEY, Kevin G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5623 whispering woods Dr Pace, FL 32571				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  2-11-04 850-505-6485 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					