2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002965

Entity Name: CONNER FAMILY PROPERTIES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
5379 HUNTERS LAKE ROAD SPRING HILL, FL 34606	5379 HUNTERS LAKE ROAD #2 SPRING HILL, FL 34606
Current Mailing Address:	**New Mailing Address:**
5379 HUNTERS LAKE ROAD SPRING HILL, FL 34606	5379 HUNTERS LAKE ROAD #2 SPRING HILL, FL 34606

FEI Number: 16-1652336   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CONNER, MICHAEL D 5379 HUNTERS LAKE ROAD SPRING HILL, FL 34606 US	CONNER, MICHAEL D 5379 HUNTERS LAKE ROAD #2 SPRING HILL, FL 34606 US

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.

SIGNATURE: _____   04/14/2005 _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM   ( ) Delete
Name: CONNER, MICHAEL D
Address: 5379 HUNTERS LAKE ROAD
City-St-Zip: SPRING HILL, FL 34606

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM   (X) Change ( ) Addition
Name: CONNER, MICHAEL D
Address: 5379 HUNTERS LAKE ROAD #2
City-St-Zip: SPRING HILL, FL 34606

Title: MGRM   ( ) Change (X) Addition
Name: CONNER, THELMA T
Address: 5379 HUNTERS LAKE ROAD #2
City-St-Zip: SPRING HILL, FL 34606

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL D. CONNER   MGMR   04/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date