


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000003113 1. Entity Name V & M PROPERTIES, LLC.	
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Principal Place of Business 297 BARNES BOULEVARD ROCKLEDGE, FL 32955 US	Mailing Address 297 BARNES BOULEVARD ROCKLEDGE, FL 32955 US
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03252005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3766624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  BRUBAKER, MICHAEL D 297 BARNES BOULEVARD ROCKLEDGE, FL 32955
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAZZONE, VINCENT C 184 LANTERNBACK ISLAND DRIVE SATellite BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUBAKER, MICHAEL D 297 BARNES BOULEVARD ROCKLEDGE, FL 32955
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U000000285434 04/02/05-80046-004 50.00
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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 606, Florida Statutes.

SIGNATURE: Vincent C. Stazzone Vincent C. Stazzone 3/29/05 321-868-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #