

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90352 046 \*\*\*\*50.00

<b>DOCUMENT # L03000004049</b> 1. Entity Name <b>M/P SCRIBNER PROPERTIES, L.L.C.</b>			
Principal Place of Business <b>3814 FLAGLER AVENUE KEY WEST, FL 33040</b>		Mailing Address <b>3814 FLAGLER AVENUE KEY WEST, FL 33040</b>	
2. Principal Place of Business <b>3776 E. Millers Bridge Rd</b>		3. Mailing Address <b>3776 E. Millers Bridge Rd</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>	
Zip <b>32312</b>		Zip <b>32312</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number 		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>WOLFE, HAROLD E JR 2300 PALM BEACH LAKES BOULEVARD STE. 302 WEST PALM BEACH, FL 33409</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SCRIBNER, PATRICK L 3814 FLAGLER AVENUE KEY WEST, FL 33040</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Successor Mgr. Sherree S. Knisley 3776 E. Millers Bridge Rd. Tallahassee, FL 32312</b> <input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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.			
<b>SIGNATURE:</b> <i>Sherree S. Knisley</i>		Date <b>4/19/04</b> Daytime Phone # <b>(850) 309-1067</b>	