## 2005 LIMITED LIABILITY COMPANY

**FILED AM** 

ANNUAL REPORT				Feb 01, 2005 08:00 A	
1. Entity Nam	MENT # L03000004 ANA PROPERTY 1, L.C.	353		Sec	cretary of State
Principal Plac 5110 RUE V LUTZ, FL 33		Mailing Address 5110 RUE VENDOME LUTZ, FL 33558		T I BERNAIN AND A BOUNT INTO BALLO BAIN SAIN	I avai lohu kirka hika anta aikan hi ati
DO NOT WRITE IN THIS SPA			······································	01112005No Chg-LLC	CR2E083 (10/03)
	O NOT WHITE			FEI Number     56-2319278      Certificate of Status Desired	Applied For Not Applicable  \$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent			
O'CONNOR, PATRICK M ESQUIRE O'CONNOR & ASSOCIATES 2240 BELLEAIR ROAD, SUITE 160 CLEARWATER, FL 33764			DO NOT WRITE IN THIS SPACE		
A The share	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			and an analysis in the Create of Sin	data the familiar with and appear
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its registe	red onice or register	ed agent, or both, in the State of Fid	rida. Tam tamiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title #applicable (NOTE Registe	red Agent signature required	when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2005	——————————————————————————————————————		<del>.</del>	
9.	MANAGING MEMBE	RS/MANAGERS		, , , , , , , , , , , , , , , , , , , ,	
TITLE NAME STREET ADDRESS CITY -ST-ZIP	MGR SINGH, SUNANDA 5110 RUE VENDOME LUTZ, FL 33558	_	_	02/02/05-6	208795 30010-003 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			100 V.A.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			T 2	DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SF	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		<del></del>	T		

11. I hereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that mysignature 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 prystee empowered to execute this report as required by Chapter 608, Florida Statutes.

DING H

SIGNATURE: AMOUNDA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

STREET ADDRESS CITY-ST-ZIP

> SUNANDA A NANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-26-05 Date

(352)592-0120

Daytime Phone #