

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90119 010 \*\*\*\*50.00

**34000733**



02052004 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L03000007812</b> 1. Entity Name <b>NORTHWEST FLORIDA PROPERTIES TRUST, LLC</b>					
Principal Place of Business <b>319 FOX DEN COURT DESTIN, FL 32351</b>			Mailing Address <b>319 FOX DEN COURT DESTIN, FL 32351</b>		
2. Principal Place of Business <b>4202 Turtle Crossing</b> Suite, Apt. #, etc.		3. Mailing Address <b>4202 Turtle Crossing</b> Suite, Apt. #, etc.		4. FEI Number <b>91-2187529</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
City & State <b>Niceville, Florida</b>		City & State <b>Niceville, Florida</b>			
Zip <b>32575</b>		Zip <b>32575</b>			
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent <b>MATTHEWS, DANA C ESQ 4475 LEGENDARY DR DESTIN, FL 32541</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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  DATE <b>2/9/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</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 <b>Manager</b> <input type="checkbox"/> Delete NAME <b>SUSAN L. Smith</b> STREET ADDRESS <b>4202 Turtle Crossing</b> CITY-ST-ZIP <b>Niceville, Florida 32575</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Susan L. Smith</u> <b>2/9/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					