## ~2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Mar 03, 2005 08:00 AM **DOCUMENT # L03000008705 Secretary of State** COUNTRY INVESTMENT PROPERTIES, LLC Principal Place of Business Mailing Address 1020 10TH AV W. P.O. BOX 582 SUITE 69 ELLENTON, FL 34222 PALMETTO, FL 34221 02262005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0558710 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEPHENS, JOHN A DO NOT WRITE 1020 10TH AV W. SUITE 69 IN THIS SPACE PALMETTO, FL 34221 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, 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 MANAGING MEMBERS/MANAGERS g. MGR TITLE STEPHENS, JOHN A NAME U00000250914 STREET ADDRESS 1020 10TH AV W. SUITE 69 03/04/05-80090-005 50.00 CITY-ST-ZIP PALMETTO, FL 34221 TITLE NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS 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 accurate this report as required by Chapter 608, Florida Statutes.

FILED