## 2004 LIMITED LIABILITY COMPANY

## FILED Feb 24, 2004 8:00 am Secretary of State

•>-	* ANNUAL REPORT				Scoretary or State		
1. Entity Name	MENT # L030000093 PROPERTIES, L.L.C.	399			02-10-2004 90105 028 ****55.00		
Principal Place of Business Mailing Address			<del></del>		940000	U	
104 CLEMAT West Palm I	IS ST. BEACH, FL 33401	104 CLEMATIS ST. WEST PALM BEACH, FL 33401			MAGGET AND		
257 K	tace of Business ROYAL POINCIANA WAY	3. Mailing Address 257 ROYAL POINCIANA WAY		WAY			
Suite, Apt.	7. etc.	Suite, Apt. #, etc.		01212004	Chg-LLC CR2E08	3 (10/03)	
Sity & State	BEALLY FLORIDA	PALOT BEACH	FLORE		6-2328329		olied For Applicable
.334	USO Country S A	<sup>2</sup> 33480	Country	5. Certifica		5.00 Addi se Required	
	6. Name and Address of Current F			7. Name and Address of New Registered Agent			
*BARNETT; CHARLES D							
					ber is Not Acceptable)		
		•	City		, EI	Zip Code	
City     City     Code      R. 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: year or printed name of registered again and ute if applicable. (NOTE: Registered Againt signature required when reinstating)  ONE  ONE							
pro-tel registrator equal mp atom registrating) y Ling C							
Filing Fee is \$50.00 Due by May 1, 2004			<del></del>	<del></del>	Make check pa Florida Departme		<del></del>
9.	MANAGING MEMBER	I RS/MANAGERS	10,		ADDITIONS/CHANGES		
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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 608, Florida Statutes.  SIGNATURE:							