

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012063

FILED
Feb 25, 2004
Secretary of State

Entity Name: INDIALANTIC PROPERTIES LLC

Current Principal Place of Business:

42 WAR TROPHY LANE
MEDIA, PA 19063

New Principal Place of Business:

.101 CORAL WAY EAST
#5
INDIALANTIC, FL 32903 US

Current Mailing Address:

42 WAR TROPHY LANE
MEDIA, PA 19063

New Mailing Address:

3 RICHARD RIDGE
NEWTOWN SQUARE, PA 19073 US

FEI Number: 55-0827313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

KOUMJIAN, RAMSEY J
101 CORAL WAY EAST
#5
INDIALANTIC, FL 32903 US

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.

SIGNATURE: RAMSEY J KOUMJIAN

02/25/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: KOUMJIAN, RAMSEY J
Address: 3 RICHARD RIDGE
City-St-Zip: NEWTOWN SQUARE, PA 19073 US

Title: MGRM () Change (X) Addition
Name: ZIELINSKI, EDWARD F
Address: 3 RICHARD RIDGE
City-St-Zip: NEWTOWN SQUARE, PA 19073 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RAMSEY J KOUMJIAN

MGR

02/25/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date