

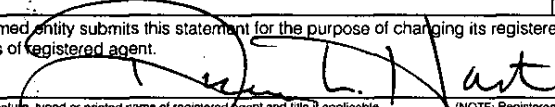



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90076 030 ****50.00

DOCUMENT # L03000012554					
1. Entity Name TOPAZ PROPERTIES, LLC					
Principal Place of Business 602 MARLOWE DRIVE FORT WALTON BEACH, FL 32547 US			Mailing Address 602 MARLOWE DRIVE FORT WALTON BEACH, FL 32547 US		
2. Principal Place of Business 4 Miracle Strip Parkway Suite, Apt. #, etc. Unit 22 City & State Fort Walton Beach, FL Zip 32548 Country USA		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 04052004 Chg-LLC CR2E083 (10/03) 32-0070882				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent LEGALZOOM NEVADA INC 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130	
7. Name and Address of New Registered Agent Name Debra L. Hart Street Address (P.O. Box Number is Not Acceptable) 4 Miracle Strip Parkway Unit 22 City Fort Walton Beach FL Zip Code 32548				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 4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2004		DEBRA L. HART - MGRM		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete RUBRIGHT, DEBRA L. 602 MARLOWE DRIVE FORT WALTON BEACH, FL 32547				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete LABANS, DONNA S 602 MARLOWE DRIVE FORT WALTON BEACH, FL 32547				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete LABANS, MICHAEL L 602 MARLOWE DRIVE FORT WALTON BEACH, FL 32547				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hart, Debra L. (fka Rubright) 4 Miracle Strip Pkwy, Unit 22 Fort Walton Beach, FL 32548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Labans, Donna S. 213 Hope Road Cranberry Twp., PA 16066				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Labans, Michael L. 213 Hope Road Cranberry Twp., PA 16066				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: 				4/26/04 850-543-7009	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DEBRA L. HART - MGRM					