

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014048

FILED
Jul 12, 2004
Secretary of State

Entity Name: HEDMAN PROPERTIES, LLC

Current Principal Place of Business:

2511 W. SUNFLOWER AVE., STE. R-8
SANTA ANA, CA 92704

New Principal Place of Business:

608 SW 9TH COURT
CAPE CORAL, FL 33991

Current Mailing Address:

2511 W. SUNFLOWER AVE., STE. R-8
SANTA ANA, CA 92704

New Mailing Address:

608 SW 9TH COURT
CAPE CORAL, FL 33991

FEI Number: 20-1351346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEDMAN, HENRY
630 SW 30TH TERRACE, STE. 45-1
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

HEDMAN, HENRY
608 SW 9TH COURT
CAPE CORAL, FL 33991 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: HENRY HEDMAN

07/12/2004

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: HEDMAN, HILDE
Address: 608 SW 9TH COURT
City-St-Zip: CAPE CORAL, FL 33991

Title: MGR () Change (X) Addition
Name: HEDMAN, HENRY
Address: 608 SW 9TH COURT
City-St-Zip: CAPE CORAL, FL 33991

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: HILDE HEDMAN

MGR

07/12/2004

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