



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 24, 2004 8:00 am**  
**Secretary of State**

08-24-2004 90047 017 \*\*\*550.00

DOCUMENT # L03000015616					
<b>1. Entity Name</b> PROPERTY EXPRESS, LLC					
<b>Principal Place of Business</b> 570 S.E. PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34984			<b>Mailing Address</b> 570 S.E. PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34984		
<b>2. Principal Place of Business</b> 2190 RESERVE PARK TRAIL Suite, Apt. #, etc. SUITE 9 City & State PORT ST. LUCIE, FL. Zip 34986 Country USA		<b>3. Mailing Address</b> 2190 RESERVE PARK TRAIL Suite, Apt. #, etc. SUITE 9 City & State PORT ST. LUCIE, FL. Zip 34986 Country USA		24081333 	
<b>4. FEI Number</b> 42-1590407				08202004    Chg-LLC    CR2E083 (10/03)	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SAMA, ANTHONY L 11124 LANDS END CHASE PORT ST. LUCIE, FL 34986			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMA, ANTHONY L 11124 LANDS END CHASE PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, TODD M 570 S.E. PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34984	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>MANAGER</b> 9-20-04    772-595-3199					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					