

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000017620

1. Entity Name
UNITED PROPERTY OWNERS, LLC



Principal Place of Business
16221 NORTH ISLAND CT.
BOCA GRANDE, FL 33921

Mailing Address
PO BOX 443
BOCA GRANDE, FL 33921



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0057551

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL, INC
390 N. ORANGE AVE., STE. 1100
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LINDENBAUM, DAVID
STREET ADDRESS	P.O. BOX 443
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	MGRM
NAME	BECKLEVER, WILLIAM
STREET ADDRESS	P.O. BOX 2060
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	MGRM
NAME	ROLLYSON, MIKEL
STREET ADDRESS	P.O. BOX 914
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/05-80031-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/5/05 741-964-5788