


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90022 006 ****50.00

DOCUMENT # L03000019856	
1. Entity Name S & L PROPERTIES, L.L.C.	

Principal Place of Business 1102 RIFLECREST AVENUE VALRICO FL 33594	Mailing Address 1102 RIFLECREST AVENUE VALRICO FL 33594
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2. Principal Place of Business 1728 SOGGY BOTTOM TRL	3. Mailing Address 1728 SOGGY BOTTOM TRL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

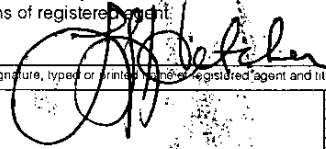
City & State PLANT CITY FL	City & State PLANT CITY FL
Zip 33565	Zip 33565
Country USA	Country USA



1st MOORE CR2E083 (10/04)

4. FEI Number 83-0360923		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 HATCHER, LONNIE S JR 1102 RIFLECREST AVENUE VALRICO FL 33594		
7. Name and Address of New Registered Agent Name HATCHER, LONNIE S JR Street Address (P.O. Box Number is Not Acceptable) 1728 SOGGY BOTTOM TRL City PLANT CITY FL Zip Code 33565		

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.

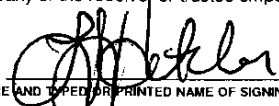
SIGNATURE:  DATE: **02/27/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HATCHER, LONNIE S JR 1102 RIFLECREST AVENUE VALRICO FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HATCHER, LONNIE S. JR 1728 SOGGY BOTTOM TRL PLANT CITY, FL 33565 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, SCOTT 4110 SW 12TH PLACE CAPE CORAL FL 33914 <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	<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	<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	<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	<input type="checkbox"/> Delete	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:  DATE: _____ DAYTIME PHONE #: _____

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