## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 04, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # L0300002 AL PROPERTY, LLC			04-04-2005 9	90418 041 ****50	0.00		
Principal Place of Business 71 INTERLAKEN ROAD ORLANDO, FL 32804		Mailing Address 71 INTERLAKEN ROAD ORLANDO, FL 32804		1 (111)(1)	 In coics him coik nom coik	1 88718 KRSS 21186 11181 (1881 111	OGREKI (SRI	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03252005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Num NOT A	ber PPLICABLE	<del>- 1</del>	oplied For ot Applicable	
Zip Country ·		Zip	Zip Country		5. Certificate of Status Desired \$5.00 Additional Fee Required			
	6. Name and Address of Curre	nt Registered Agent		7. Name ai	d Address of New R	egistered Agent		
SHUFFIELD, W. CHARLES 315 E. ROBINSON STREET, SUITE 600 ORLANDO, FL 32801				Street Address (P.O. Box Number is Not Acceptable)				
			City	· · · · · · · · · · · · · · · · · · ·		FL Zip Cod	le	
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or	registered agent, or b	oth, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered age	on and title if applicable. (NOTE	: Registered Agent signat	ure required when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005								
Fi Di	iling Fee is \$50.00 ue by May 1, 2005		<b>.</b>	• · · · · · · · · · · · · · · · · · · ·		e check payable to Department of Stat	:e - •	
Fi Di	ue by May 1, 2005	BERS/MANAGERS	10.			Department of Stat		
DI	ue by May 1, 2005	Delete	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JMW INVE TI INTERI OTLANT	ADDITIONS/	CHANGES  Change	Addition	
9. TITLE NAME STREET ADDRESS	MANAGING MEM  MGRM  JANE I WILLIAMS REV TRUS  71 INTERLAKEN RD.	Delete	TITLE NAME STREET ADDRESS	ITMW INVE	- Florida	CHANGES  Change		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEM  MGRM  JANE I WILLIAMS REV TRUS  71 INTERLAKEN RD.  ORLANDO, FL 32804	. <b>X</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ITMW INVE	ADDITIONS/	CHANGES ☐ Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEM  MGRM  JANE I WILLIAMS REV TRUS  71 INTERLAKEN RD.  ORLANDO, FL 32804	. Y Delete T . □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JMW INVERLI TI INTERLI OTLLANT	ADDITIONS/	CHANGES Change Change Change Change Change	Addition Addition	
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9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANAGING MEM  MGRM  JANE I WILLIAMS REV TRUS  71 INTERLAKEN RD.  ORLANDO, FL 32804	Delete  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JMW INVERTION TO STELLANT	ADDITIONS/	Change   C	Addition  Addition  Addition  Addition	

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: Ms Catterine Borling Ms. CATHERINE BORLING 4/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daylore Phone #