

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90194 043 \*\*\*\*\*5.00  
03-02-2004 90145 025 \*\*\*\*\*45.00

**DOCUMENT # L03000023348**

1. Entity Name  
**MIRABEAU PROPERTIES, LLC**



Principal Place of Business  
**2508 NORTH ROCKY POINT ROAD #337  
TAMPA FL 33607**

Mailing Address  
**2506 NORTH ROCKY POINT ROAD #337  
TAMPA FL 33607**

2. Principal Place of Business  
**5700 Mariner St  
Suite, Apt. #, etc.  
# 201 E  
City & State  
Tampa FL  
Zip  
33609  
Country  
USA**

3. Mailing Address  
**5700 Mariner St  
Suite, Apt. #, etc.  
# 201 E  
City & State  
Tampa FL  
Zip  
33609  
Country  
USA**



MOORE CR2E083 (11/03)

8. Name and Address of Current Registered Agent  
**HOUGH, SUSAN L  
2506 NORTH ROCKY POINT ROAD #337  
TAMPA FL 33607**

4. FEI Number **EIN**  
**200091523**

Applied For  
☐ Not Applicable

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

7. Name and Address of New Registered Agent  
Name **Susan L. Hough**  
Street Address (P.O. Box Number is Not Acceptable)  
**5700 MARINER ST  
#201 E  
City Tampa FL Zip Code 33609**

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 Susan L. Hough (NOTE: Registered Agent signature required when resigning) DATE 2-2-04

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOUGH, SUSAN L 2506 NORTH ROCKY POINT ROAD #337 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOUGH, SUSAN L. 5700 Mariner St. #201 E Tampa FL 33609 <input checked="" 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
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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: Susan L. Hough Feb 2, 2004 813-28  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**SUSAN L. HOUGH**