

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/9/2004


FILED
Jul 23, 2004 8:00 am
Secretary of State

07-09-2004 90092 026 ****55.00

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07062004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000023911					
1. Entity Name M&Y PROPERTIES LLC					
Principal Place of Business 9 KINGSGATE COURT ORMOND BEACH, FL 32174			Mailing Address 9 KINGSGATE COURT. ORMOND BEACH, FL 32174		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-1378110				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ARNOLD, MATHENY & EAGAN, P.A. 801 N. MAGNOLIA AVENUE, SUITE 201 ORLANDO, FL 32802				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	Delete <input checked="" type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	Manager		NAME		
STREET ADDRESS	9 Kingsgate Ct		STREET ADDRESS		
CITY-ST-ZIP	Ormond Beach, FL 32174		CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	Manager		NAME		
STREET ADDRESS	Melchor Gonsalez		STREET ADDRESS		
CITY-ST-ZIP	9 Kingsgate Ct		CITY-ST-ZIP		
	Ormond Beach, FL 32174				
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	Manager		NAME		
STREET ADDRESS	Melchor Gonsalez		STREET ADDRESS		
CITY-ST-ZIP	9 Kingsgate Ct		CITY-ST-ZIP		
	Ormond Beach, FL 32174				
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Melchor Gonsalez</i>			Date: 7-6-04 673-4311		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					