2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 01, 2005 08:00 AM DOCUMENT # L03000024436 **Secretary of State** 1. Entity Name PARIS PROPERTIES, L.L.C. Mailing Address Principal Place of Business 11415 TUSCARORA LANE P.O. BOX 716 MINNEOLA FL 34755 MINNEOLA FL 34755 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State 4. FEI Number City & State NO-T APPLICABLE Not Applicate 7io Country \$5.00 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARIS, PATRICK R 11415 TUSCARORA LANE Street Address (P.O. Box Number is Not Acceptable) MINNEOLA FL 34755 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when terratating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9, ☐ Change ☐ Addition MGR ☐ Delefe HILL 110000024732 PARIS, PATRICK HAME 03/01/05-80017-016 50.00 STREET ADDRESS 11415 TUSCARORA LANE STREET ADDRESS CDY-SI-7/P CLERMONT FL 34755 CITY-ST ZIP Delete HILE Change Addition THEF WEBB-PARIS, LORI L NAME STREET ADDRESS STREET ADDRESS 11415 TUSCARORA LANE CILY SI-ZIP CLERMONT FL 34755 CHY-\$1-7/P Delete ☐ Change ☐ Addition filet NAME NAME STREET ADDRESS THE LAUDHESS CITY-ST-7P CILT-ST-ZIP ☐ Change ☐ Delete MILE ☐ Addition HALAS STREET ADVISESS SHEET ADDRESS CHTY-SE-ZIP COLY - ST- ZIF Delete DIE ☐ Change ☐ Addition mil NAME MANAF STREET ADDRESS STREET ADDRESS CITY-ST-28 13(Y-SI-/# HILE ☐ Change ☐ Addition ☐ Delete DIE NAME MARAE WHEH ADDRESS STREET ADDRESS cate: \$1-7te CITY SI-7P

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11. Thereby 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.