


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90161 050 ****50.00

DOCUMENT # L03000024711	
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1. Entity Name
PROPERTIEZ, LLC

Principal Place of Business
26451 ROOKERY LAKE DRIVE
BONITA SPRINGS, FL 34134-1692

Mailing Address
26451 ROOKERY LAKE DRIVE
BONITA SPRINGS, FL 34134-1692

2. Principal Place of Business

26251 S. Tamiami Trail

3. Mailing Address

Suite, Apt. #, etc.

Suite 6

Suite, Apt. #, etc.

City & State

Bonita Springs FL

City & State

Zip

34134

Country

US

Zip

Country

02112004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

56-2402963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	PARKER, JERROLD	
STREET ADDRESS	26451 ROOKERY LAKE DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 341341692	

10. ADDITIONS/CHANGES

TITLE	DIR. OF OPERATIONS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EILEEN M. BLACK	
STREET ADDRESS	26251 TAMIAHI TRAIL #6	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
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: Eileen M. Black Eileen M. Black 3/23/04 (239) 498-5900

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

Date

Daytime Phone #