2005 LIMITED LIABILITY COMPANY

FILED Feb 04, 2005 08:00 AM Secretary of State

ANNUAL REPORT	
DOCUMENT # L03000025221	Á
1. Entity Name	

PURITAN PROPERTIES, L.L.C.

Principal Place of Business

SIGNATURE:

C/O STEPHEN W. HALL 1520 10TH AVENUE NORTH, SUITE F LAKE WORTH, FL 33460-2069 Mailing Address

C/O STEPHEN W. HALL 1520 10TH AVENUE NORTH, SUITE F LAKE WORTH, FL 33460-2069



DO NOT WRITE IN THIS SPACE

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

01292005 No Chg-LLC CR2E083 (10/03)

4. FEI Number	 Applied For
<u>51-0477839, </u>	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, STEPHEN W 1520 10TH AVENUE NORTH, SUITE F LAKE WORTH, FL 33460-2069

DO NOT WRITE IN THIS SPACE

Filing Fee Is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE MGR W. HALL, STEPHEN 11301 MANATEE TERRACE LAKE WORTH, FL 33467 TITLE MGR MORRE, CHARLES P 576 MARSHALL ROAD CITY-ST-ZIP WEST PALM BEACH, FL 33413 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-	SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature regulard when reinstating) DATE
TITLE MMGR W. HALL, STEPHEN STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 TITLE MGR MORRE, CHARLES P STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME MAME MAME MAME MAME MAME MA	F	iling Fee is \$50.00 ue by May 1, 2005	
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STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33413 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAM	NAME STREET ADDRESS CITY-ST-ZIP	W. HALL, STEPHEN 11301 MANATEE TERRACE LAKE WORTH, FL 33467	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME STREET ADDRESS		DO NOT WRITE
NAME	NAME STREET ADDRESS		IN THIS SPACE
CITY-ST-ZIP	NAME STREET ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET, ADDRESS		

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