


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90018 002 \*\*\*\*50.00

**DOCUMENT # L03000028050**

1. Entity Name  
**INVESTMENT PROPERTIES USA, LLC**



Principal Place of Business  
 2248 FIRST STREET  
 FORT MYERS, FL 33901

Mailing Address  
 POST OFFICE BOX 698  
 FORT MYERS, FL 33902-0610 US

**34006017**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04122004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-1104857**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WINESETT, RICHARD W**  
**2248 FIRST STREET**  
**FORT MYERS, FL 33901**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**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	WINESETT, RICHARD W
STREET ADDRESS	2248 FIRST STREET
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS/CHANGES**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Richard W. Winesett Date: 4/16/04 Daytime Phone #: 239-334-7040

**RICHARD W. WINESETT**