

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/7/2

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-07-2004 90352 025 *****50.00

DOCUMENT # L03000029412 1. Entity Name MEZZANI PROPERTIES LLC					
Principal Place of Business 204 EAST SOUTH ST. APT. 1056 ORLANDO FL 32801 US			Mailing Address PO BOX 574855 ORLANDO FL 32857 UF		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. 945 N. Fernwood Ave			Suite, Apt. #, etc.		
City & State Orlando, FL			City & State		
Zip 32803		Country USA		4. FEI Number 20-0156780	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DE JESUS, GEORGE 204 EAST SOUTH ST. ORLANDO FL 32857			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE JESUS, GEORGE 204 EAST SOUTH ST. ORLANDO FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 4/30/04 Daytime Phone # 407 256-1585					