2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

3/2

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-02-2004 90144 037 ****50.00

34001760

MOORE CR2E083 (11/03)

DOCUMENT # L03000029938

1. Entity Name

MP PROPERTIES, LLC

Principal Place of Business	Mailing Address
2255 CRESCENT DR. MT. DORA FL 32757	2255 CRESCENT DR. MT. DORA FL 32757

2. Principal Place of Business	3. Mailing Address
4426 N. Orange Blosson Trl	4426 N. Orange Blosson Trl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32804 / Country: USA	Zip: 32804 / Country: USA

4. FEI Number: 59-2210849 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRAWEEK, JAMES W 2255 CRESCENT DR. MT. DORA FL 32757	Name: JAMES W. TRAWEEK Street Address (P.O. Box Number is Not Acceptable): 4426 N. Orange Blosson Trl. City: Orlando, FL FL Zip Code: 32804

Address Change Only ⇒

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

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	☐ Delete	TITLE: ~~PRESIDENT~~ MGRM NAME: JAMES W. TRAWEEK STREET ADDRESS: 4426 N. Orange Blossom Trl. CITY-ST-ZIP: Orlando, FL 32804	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: JOHN T. MARETT STREET ADDRESS: 425 MERCER ST, PO BOX 98 CITY-ST-ZIP: VOLANT, PA 16156	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: J. T. Marett John T. Marett 2/20/04 (724)533-5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #