

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90185 012 ****50.00

DOCUMENT # L03000030042

1. Entity Name
INFINITY PROPERTIES, LLC



Principal Place of Business

14530 RED FOX RUN
UNIT 6
NAPLES, FL 34110

Mailing Address

14530 RED FOX RUN
UNIT 6
NAPLES, FL 34110

24049589



2. Principal Place of Business

3466 FAITH STREET

Suite, Apt. #, etc.

3. Mailing Address

3466 FAITH STREET

Suite, Apt. #, etc.

04162004 Chg-LLC CR2E083 (10/03)

City & State

PORT CHARLOTTE

City & State

PORT CHARLOTTE

4. FEI Number

450521945

Applied For

Not Applicable

Zip

33952

Country

FL, U.S.A.

Zip

33952

Country

FL, U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOD, DOUGLAS A
1000 NORTH TAMiami TRAIL
SUITE 201
NAPLES, FL 34102

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 MGRM
NAME MORAN, MARTA
STREET ADDRESS 14530 RED FOX RUN, UNIT 6
CITY-ST-ZIP NAPLES, FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MORAN, MARTA
STREET ADDRESS 3466 FAITH STREET
CITY-ST-ZIP PORT CHARLOTTE, FL 33952 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

04/16/04 (941)815-8814

Date

Daytime Phone #