2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 19, 2004 8:00 am Secretary of State 03-19-2004 90274 001 ****50.00

DOCUMENT # L03000031107 1. Entity Name LARRY ROSS PROPERTIES, LLC					03-19-2004 90274 001 ****50.00			
Principal Place of Business 5538-A NW 43RD ST GAINESVILLE, FL 32653		Mailing Address 5538-A NW 43RD ST GAINESVILLE, FL 32653			24025776			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01292004	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Numbe 20	5-01772	282 No	plied For t Applicable	
Zip Country		Zip	Country	5. Certificate	5. Certificate of Status Desired Specificate of Status Desired Fee Required			
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New Re	egistered Agent		
	RLAIN, STEVEN M			ess (P.O. Box Number is Not Acceptable)				
618 NE 1S GAINESVI	T ST. LLE, FL 32601		Street Add	dress (P.O. Box Number	er is Not Acceptable			
			City			FL Zip Code		
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or r	egistered agent, or bo	h, in the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature	e required when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2004					Make check payable to Florida Department of State			
9.	MANAGING MEMBI	ERS/MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager LARRY J. ROSS 2004 NW 162nd Newberry, Flo	□ Delete 5+. 2.4432669	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	
		□ Delete □ Delete	name Street address			☐ Change	Addition	
TITLE NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wit	☐ Delete ☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition Addition	