## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 16, 2005 08:00 AM Secretary of State DOCUMENT # L03000031153 1. Entity Name INLAND PROPERTIES, LLC Principal Place of Business Mailing Address 8985 STAR TULIP COURT 8985 STAR TULIP COURT NAPLES, FL 34113 NAPLES, FL 34113 04142005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0172704 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HOGGATT, MICHAEL R 8985 STAR TULIP COURT NAPLES, FL 34113 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9 MGRM TITLE HOGGATT, MICHAEL R NAME 8985 STAR TULIP COURT STREET ADDRESS 04/18/05-80005-003 **50.00** NAPLES, FL 34113 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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.

Michael R. HOGGAT

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ORIZED REPRESENTATIVE