2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90023 016 ****50.00

DOCUMENT # L03000031517

1. Entity Name
XCESS PROPERTIES, LLC

Principal Place of Business	Mailing Address
2225 WEBER RD. MALABAR, FL 32950	2225 WEBER RD. MALABAR, FL 32950

04042004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
597 Fort Pierce St.	597 Fort Pierce St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bay, FL.	City & State: Palm Bay, FL.
Zip: 32908 Country:	Zip: 32908 Country:

4. FEI Number: 74-3109210 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KLARENBEEK, CHARLES
2225 WEBER RD.
MALABAR, FL 32950

7. Name and Address of New Registered Agent

Name: Klarenbeek, Charles
Street Address (P.O. Box Number is Not Acceptable): 597 Fort Pierce St.
City: Palm Bay FL Zip Code: 32908

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: X C. Klarenbeek. X C. Klarenbeek. X 04/07/04
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			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLARENBEEK, CHARLES 2225 WEBER RD. MALABAR, FL 32950	☐ Delete (signed: C. Klarenbeek)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 597 Fort Pierce St. Palm Bay, FL. 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLARENBEEK, ANN MARIA 2225 WEBER RD. MALABAR, FL 32950	☐ Delete (signed: a.S. Klarenbeek)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 597 Fort Pierce St. Palm Bay, FL. 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: X C. Klarenbeek. X 04/07/04. X 3210521188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #