

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032606

FILED
Aug 07, 2005
Secretary of State

Entity Name: FRIEDMAN PROPERTIES, LLC

Current Principal Place of Business:

219 AVENUE E
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

PO BOX 789
APALACHICOLA, FL 32329

New Mailing Address:

FEI Number: 57-1183383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FRIEDMAN, MARK W CPA
219 AVENUE E
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

FRIEDMAN, MARK W CPA
PO BOX 789
APALACHICOLA, FL 32329 US

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.

SIGNATURE: MARK W. FRIEDMAN

08/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRIEDMAN, MARK W
Address: PO BOX 789
City-St-Zip: APALACHICOLA, FL 32329

Title: MGRM () Delete
Name: FRIEDMAN, MICHAEL
Address: 2381 APPLIEDORE LANE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: FRIEDMAN, MICHAEL
Address: PO BOX 69
City-St-Zip: PANACEA, FL 323246

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK W. FRIEDMAN

MGRM

08/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date