


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90063 028 ****50.00

DOCUMENT # L03000036565

1. Entity Name
FAUX PAS PROPERTIES, LLC



Principal Place of Business
2398 SONOMA DRIVE
NOKOMIS, FL 34275

Mailing Address
2398 SONOMA DRIVE
NOKOMIS, FL 34275

24059073



2. Principal Place of Business
2398 SONOMA DR.

3. Mailing Address
SAME

Suite, Apt. #, etc.
 /

04222004 Chg-LLC CR2E083 (10/03)

City & State
NOKOMIS, FL

City & State
SAME

Zip
34275

County
STARSOTA

Zip
SAME

County
SAME

4. FEI Number
01-0812395

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VON PAPEN, BARBARA
2398 SONOMA DRIVE
NOKOMIS, FL 34275

7. Name and Address of New Registered Agent

Name
 /

Street Address (P.O. Box Number is Not Acceptable)
N/A

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
|---|--|

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|-------------------|-------------------|---------------------------------|
| MGR | VON PAPEN, BERT | 2398 SONOMA DRIVE | NOKOMIS, FL 34275 | <input type="checkbox"/> |
| MGR | VON PAPEN, BARBARA | 2398 SONOMA DRIVE | NOKOMIS, FL 34275 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Barbara von Papen* **4.27.04** **266.6623**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #