


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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**



DO NOT WRITE IN THIS SPACE

04272005No Chg-LLC CR2E083 (10/03)

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**

DO NOT WRITE 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 _____ DATE _____
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

U00000347549
 04/30/05-80121-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VON PAPEN, BERT 2398 SONOMA DRIVE NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VON PAPEN, BARBARA 2398 SONOMA DRIVE NOKOMIS, FL 34275
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4.27.05 941.266.6623

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

BARBARA VON PAPEN