

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90041 037 \*\*\*\*50.00

**24053814**



<b>DOCUMENT # L03000037195</b> 1. Entity Name <b>FLORIDA PROPERTY VENTURES, LLC</b>					
Principal Place of Business <b>27 ROSIER CIRCLE SACRAMENTO, CA 95833</b>			Mailing Address <b>27 ROSIER CIRCLE SACRAMENTO, CA 95833</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1500 W. EL CAMINO AVE # 416</b>			
City & State 		City & State <b>SACRAMENTO CA</b>			
Zip 	Country 	Zip <b>95833</b>	Country <b>USA</b>	4. FEI Number <b>59-3775750</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PRESIDENTIAL SERVICES INCORPORATED 1217 CAPE CORAL PKWY # 300 CAPE CORAL, FL 33904-9604</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			<b>MGR KEN FERNANDEZ 27 ROSIER CIRCLE SACRAMENTO CA 95833</b>		
			<b>MGR JENNIFER FERNANDEZ 27 ROSIER CIRCLE SACRAMENTO CA 95833</b>		
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.					
<b>SIGNATURE:</b> <u>Jennifer Fernandez (JENNIFER FERNANDEZ)</u>			Date: <u>4/21/04</u>		Daytime Phone #: <u>916-9272799</u>