


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90007 017 ****50.00

DOCUMENT # L03000037759	
1. Entity Name VOLUNTEER PROPERTIES OF LAKE WORTH, LLC	

Principal Place of Business 444 SOUTH PINE FOREST DRIVE LAKE WORTH, FL 33463	Mailing Address 5300 W. 16TH AVENUE HIALEAH, FL 33012
--	---

20019534



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 444 S. PINE FOREST DR		Suite, Apt. #, etc. 8004 NW 154 ST, STE 383	
City & State LAKE WORTH FL		City & State MIAMI LAKES FL	
Zip 33463	Country USA	Zip 33016-5814	Country USA

01122005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0629173		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPDIRECT AGENTS, INC. 103 N. MERIDIAN ST., LOWER LEVEL TALLAHASSEE, FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROSS, K C		NAME CROSS, K. C.	
STREET ADDRESS 5300 W. 16TH AVENUE		STREET ADDRESS 8004 NW 154 ST, STE 383	
CITY-ST-ZIP HIALEAH, FL 33012		CITY-ST-ZIP MIAMI LAKES, FL 33016-5814	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

K. C. CROSS

1/18/05 305-556-3500

Date

Daytime Phone #