2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 09, 2004 8:00 am
Secretary of State

04-29-2004 90175 001 ***550.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000040172

1. Entity Name

PROPERTY SV, LLC

Principal Place of Business	Mailing Address
1280 GULF BLVD. BELLEAIR SHORE FL 33786	1280 GULF BLVD. BELLEAIR SHORE FL 33786

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 30 0210190 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD. #221E
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name: RICHARD SURETTE
Street Address (P.O. Box Number is Not Acceptable): 1280 GULF BLVD
City: Belleair Shore FL Zip Code: 33786

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: RICHARD SURETTE [signature] 4-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~[illegible]~~ Mbrm R. SURETTE 1280 GULF BLV. Belleair Shore FL 33786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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)(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] 4/20/04 727-595-2748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #