

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90039 004 ****50.00

DOCUMENT # L03000040295

1. Entity Name
MULTIFAMILY PROPERTIES, L.C.



Principal Place of Business
**1158 BROOK DRIVE WEST
DUNEDIN, FL 34698**

Mailing Address
**1158 BROOK DRIVE WEST
DUNEDIN, FL 34698**

2. Principal Place of Business
2182 VANCE AVE.
Suite, Apt. #, etc. _____

3. Mailing Address
P.O. BOX 1162
Suite, Apt. #, etc. _____



05022005 Chg-LLC CR2E083 (10/03)

City & State
PALM HARBOR, FL.
Zip
34683 Country
U.S.A.

City & State
DUNEDIN, FL.
Zip
34697 Country
U.S.A.

4. FEI Number
54-2130267 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**O'CONNOR, PATRICK M ESQ.
C/O O'CONNOR & ASSOCIATES
2240 BELLEAIR ROAD, SUITE 160
CLEARWATER, FL 33764**

7. Name and Address of New Registered Agent
Name
O'CONNOR, PATRICK M ESQ., C/O O'CONNOR & ASSOCIATES
Street Address (P.O. Box Number is Not Acceptable)
1250 SOUTH BELCHER RD.
SUITE 160
City
LARGO FL Zip Code
33771

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 **N/A**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEINMEIER, JOSEPH E 1158 BROOK DR., W. DUNEDIN, FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEINMEIER, JOSEPH E 2182 VANCE AVE. PALM HARBOR, FL. 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Joseph E Kleinmeier** **5/11/05** **727 738-6059**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #