


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90331 046 \*\*\*\*50.00

<b>DOCUMENT # L03000041264</b>					
<b>1. Entity Name</b> LLTD PROPERTIES, LLC					
<b>Principal Place of Business</b> 5236 COMMERCIAL WAY SUITE G SPRING HILL, FL 34606 US			<b>Mailing Address</b> 5236 COMMERCIAL WAY SUITE G SPRING HILL, FL 34606 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01262004 Chg-LLC CR2E083 (10/03)	
<b>4. FEI Number</b> 20-6335682				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
DEWEESE, MITCHELL 4529 SOUTH SHELLPOINT HOMOSASSA, FL 34448				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
<b>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.</b>					
SIGNATURE <i>Mitchell DeWeese</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>4-8-04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEWEESE, MITCHELL 4529 SOUTH SHELLPOINT HOMOSASSA, FL 34448			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
DEWEESE, MITCHELL 245 PALM ST. INGLIS, FL 34449				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARRY, LAMPHIER 7731 PINEHURST DRIVE SPRING HILL, FL 34606			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
LAMPHIER, LARRY 18601 LONGLAKE DR HUDSON, FL 34667				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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>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>					
<b>SIGNATURE:</b> <i>Mitchell DeWeese</i> Mitchell DeWeese Owner				Date <i>4-8-04</i> 352-686-4414	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Daytime Phone #</small>	