


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/8/2004-90275-036-\$150.00-\$150.00

DOCUMENT # L03000041562	
1. Entity Name 3D PROPERTIES OF FLORIDA, L.L.C.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 24 AM 9:29

Principal Place of Business HIGHWAY 136 AND NEWBERN ROAD LIVE OAK, FL 32060	Mailing Address POST OFFICE BOX 245 LIVE OAK, FL 32064
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02262004 Chg-LLC CR2E083 (10/03)

4. FEI Number
80-0080339

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent DRIGGERS, GERALD S HIGHWAY 136 AND NEWBERN ROAD LIVE OAK, FL 32060

7. Name and Address of New Registered Agent
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, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DRIGGERS, GERALD S POST OFFICE BOX 245 LIVE OAK, FL 32064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: Derald S. Driggers 3-01-04 386-362-2044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #