



**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000041562</b> 1. Entity Name <b>3D PROPERTIES OF FLORIDA, L.L.C.</b>	
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Principal Place of Business <b>HIGHWAY 136 AND NEWBERN ROAD LIVE OAK, FL 32060</b>	Mailing Address <b>POST OFFICE BOX 245 LIVE OAK, FL 32064</b>
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03172005No Chg-LLC	CR2E083 (10/03)
4. FEI Number <b>80-0080339</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

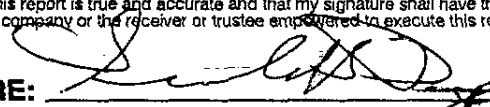
6. Name and Address of Current Registered Agent  <b>DRIGGERS, GERALD S HIGHWAY 136 AND NEWBERN ROAD LIVE OAK, FL 32060</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>U000000277477 03/26/05-80031-010 50.00</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DRIGGERS, GERALD S POST OFFICE BOX 245 LIVE OAK, FL 32064</b>
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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.	
<b>SIGNATURE:</b> 	<b>3-22-05 386-36787</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>