

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043028

Entity Name: WARNER PROPERTIES LLC

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

11490 COMPASS POINT DR.
FT MYERS, FL 33908

New Principal Place of Business:

12701 MASTIQUE BEACH BLVD.
#504
FT MYERS, FL 33908

Current Mailing Address:

11490 COMPASS POINT DR.
FT MYERS, FL 33908

New Mailing Address:

12701 MASTIQUE BEACH BLVD.
#504
FT MYERS, FL 33908

FEI Number: 06-1716255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARNER, CAROLYN
11490 COMPASS POINT DR.
FT MYERS, FL 33908 US

Name and Address of New Registered Agent:

WARNER, CAROLYN
12701 MASTIQUE BEACH BLVD
#504
FT MYERS, FL 33908 US

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.

SIGNATURE:

04/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRD () Delete
Name: WARNER, CAROLYN
Address: 11490 COMPASS PT. DR.
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Delete
Name: WARNER, DEAN
Address: 11490 COMPASS POINT DRIVE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WARNER, CAROLYN
Address: 12701 MASTIQUE BEACH BLVD #504
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CAROLYN WARNER

MGRM

04/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date