

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90066 021 ****50.00

DOCUMENT # L03000043433

1. Entity Name
FLORIDA PROPERTIES LLC



Principal Place of Business
**611 MINNESOTA STREET
LANTANA, FL 33462**

Mailing Address
**611 MINNESOTA STREET
LANTANA, FL 33462**



2. Principal Place of Business
17170 ALEXANDER RUN
Suite, Apt. #, etc.

3. Mailing Address
17170 ALEXANDER RUN
Suite, Apt. #, etc.

04262004 Chg-LLC CR2E083 (10/03)

City & State
JUPITER FL
Zip
33478

City & State
JUPITER FL
Zip
33478

4. FEI Number
80 0083054
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**BERRY, MICHELLE A
611 MINNESOTA STREET
LANTANA, FL 33462**

7. Name and Address of New Registered Agent
Name **BERRY, MICHELLE A.**
Street Address (P.O. Box Number is Not Acceptable)
17170 ALEXANDER RUN
City **JUPITER** FL Zip Code **33478**

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 **Michelle A. Berry** registered agent for FL Prop. LLC **4/24/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERRY, MICHELLE A 611 MINNESOTA STREET LANTANA, FL 33462	<input checked="" 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	MGR Berry, Michelle A 17170 ALEXANDER RUN JUPITER, FL 33478	<input checked="" 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
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: **Michelle A. Berry** MICHELLE A. BERRY **4/24/04** (561) 445-4805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #