

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90004 044 ****50.00

DOCUMENT # L03000044694

1. Entity Name

E.D. PROPERTY MANAGEMENT, "LLC"



Principal Place of Business

5058 GROBE ST.
NORTH PORT FL 34287-1903
SA

Mailing Address

12002 DORADO DR.
NORTH PORT FL 34287
SA

2. Principal Place of Business

12002 DORADO DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Port, FL

City & State

Zip

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MOORE

CR2E083 (11/03)

4. FEI Number

56-2117852

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME DUDKO, EMIL
STREET ADDRESS 12002 DORADO DR.
CITY-ST-ZIP NORTH PORT FL 34287

TITLE MGR ☐ Delete
NAME KAPLUN, LAZAR
STREET ADDRESS 5058 GROBE ST.
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Emil Dudko, Managing Member 4/30/04 941-426-8227