	DO4 LIMITED LIA ANNUA MENT # L0300005	·····		1 Secr	o, 200 etarv	04 8:00 an of State
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	PROPERTIES, LLC			04-30-2	:004 90072	038 30.00
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•	e of Business	Mailing Address	·			
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					2401	50863
N. Daima in a l Di	·					
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192004 Chg-LLC CR2E083 (10/03)		
City & State						
City & State	B	City & State		4. FEI Number		Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$	5.00 Additional
	0 Name and Address 4		÷		Fi	ee Required
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Currer	n registered Agent	Name	7. Name and Address of New	Hegistered Ag	<b>ent</b>
GREENE,						
1301 - 6TH 400	AVENUE WEST		Street Address	(P.O. Box Number is Not Acceptab	ie)	
	ON, FL 34205					
·			City		FL	Zip Code
	and active a built this statement	fan 18	, i i i i i i i i i i i i i i i i i i i			
	named entity submits this statement ions of registered agent.	for the purpose of changing its re	gistered office or registe	red agent, or both, in the State of F	iorida. Tam fai	miliar with, and accept
SIGNATURE .	•					
SIGNATORE .	Signature, typed or primed name of registered age	nt and title if applicable. (NOTE: A	egistered Agent signature require	d when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·
Fi	iing Fee is \$50.00 ue by May 1, 2004	•			ke check pay la Departmei	
9.	MANAGING MEMI	BERS/MANAGERS	10.	ADDITIONS	CHANGES	
		Delete				
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