

L03000056550

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000056550					
1. Entity Name S AND S PROPERTIES, LLC <i>S AND S HICKORY PROPERTIES, LLC</i>					
Principal Place of Business 5751 MARIMIN DRIVE BONITA SPRINGS, FL 34134			Mailing Address 5751 MARIMIN DRIVE BONITA SPRINGS, FL 34134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 42-1607769	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIEPERT, GEORGE J 5751 MARIMIN DRIVE BONITA SPRINGS, FL 34134				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 the maintenance of office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations and responsibilities of the agent. SIGNATURE <i>George J Siepert</i> DATE <i>10-10-2004</i>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCHILLI, THOMAS R		NAME		
STREET ADDRESS	27624 HICKORY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SIEPERT, GEORGE J		NAME		
STREET ADDRESS	5751 MARIMIN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GRANT, DOUGLAS M		NAME		
STREET ADDRESS	5751 MARIMIN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GRANT, STEPHEN		NAME		
STREET ADDRESS	5751 MARIMIN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
RENEW STATEMENT 2004 <i>BK</i>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information included 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: <i>George J Siepert</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				2-05-04 239-947-892 Date Daytime Phone	

FILED
 04 OCT -8 AM 8:31
 SECRETARY OF STATE
 TALLAHASSEE, FL

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