1005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 10, 2005 08:00 AM Secretary of State

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1. Entity Name
SPRINKLE PROPERTIES, LLC



Principal Place of Business

Mailing Address

23 BROADWAY

KISSIMMEE, FL 34741

23 BROADWAY KISSIMMEE, FL 34741



DO NOT WRITE IN THIS SPACE

01072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0556979

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRINSON, HAYNES 1201 WEST EMMETT STREET

DO NOT WRITE

KISSIMMEE, FL 34741		IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the purpose of chains of registered agent.	inging its registered office or registered agent, or both	in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signalura, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPRINKLE, BOYD E 23 BROADWAY KISSIMMEE, FL 34741		U00000176745 01/11/05-80009-017 50.08	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE	
TITLE 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 fliability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

STREET ADDRESS CITY-ST-ZIP

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