

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90111 035 ****50.00

DOCUMENT # L03000056912

1. Entity Name
REHBAUM PROPERTIES 1, LLC



Principal Place of Business
514 LAKE DORA DR ROAD
MOUNT DORA, FL 32757

Mailing Address
514 LAKE DORA DR ROAD
MOUNT DORA, FL 32757



2. Principal Place of Business

3. Mailing Address

01272005 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-6765098

Applied For
Not Applicable

5. Certificate of Status Dec

\$5.00 Additional
Fee Required

Suite, Apt. #, etc.

514 LAKE DORA ROAD

Suite, Apt. #, etc.

514 LAKE DORA ROAD

City & State

MOUNT DORA FL

City & State

MOUNT DORA FL

Zip

32757

Country

USA

Zip

32757

Country

USA

6. Name and Address of Current Registered Agent

REHBAUM, KATHERINE M
514 LAKE DORA DR ROAD
MOUNT DORA, FL 32757

7. Name and Address of New Registered Agent

Name
REHBAUM, KATHERINE M

Street Address (P.O. Box Number is Not Acceptable)

514 LAKE DORA ROAD

City
MOUNT DORA

FL

Zip Code
32757

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

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REHBAUM, KATHERINE M
519 LAKE DORA DR
MOUNT DORA, FL 32757 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REHBAUM, KATHERINE M
514 LAKE DORA ROAD
MOUNT DORA FL 32757 ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

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

Date

Daytime Phone #