## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 19, 2005 8:00 am Secretary of State DOCUMENT # L04000005581 1. Entity Name 04-19-2005 90009 035 \*\*\*\*50.00 FLORIDA REAL PROPERTIES, LLC Principal Place of Business Mailing Address 6221 WYNFIELD COURT 6221 WYNFIELD COURT ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State 4. FEI Number 20-0620465 City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBIERA, EDUARDO J Street Address (P.O. Box Number is Not Acceptable) 6221 WYNFIELD COURT ORLANDO FL 32819 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 9, MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THLE MGR Delete TITLE Change ■ Addition NAME RUBIERA, EDUARDO J NAME STREET ADDRESS 6221 WYNFIELD COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 THEE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,

**FILED**