2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # L04000010454** 05-03-2005 90026 047 ****50.00 1. Entity Name EASSA PROPERTIES, LLC Mailing Address Principal Place of Business 100 N.E. 5TH AVE, STE A-1 DELRAY BEACH FL 33483 100 N.E. 5TH AVE, STE A-1 DELRAY BEACH FL 33483 30009905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For Not Applicable 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 SIMON, ERNEST G 100 N.E. 5TH AVE, STE A-1 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33483** City Zip Code 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 Sgnature, typed or primed name of registered agent and title 4 applicable (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGB TITLE TITLE Change Addition SIMON, ERNEST G NAME NAME STREET ADDRESS STREET ADDRESS 100 N.E. 5TH AVE, STE A-1 CITY-ST-ZIP **DELRAY BEACH FL 33483** CITY-ST-ZIP TITLE MGR ☐ Defete TITLE ☐ Change ☐ Addition SIMON, ROY M NAME STREET ADDRESS 100 N.E. 5TH AVE, STE A-2 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33483 CITY-SI-ZIP TITLE ☐ Defets HILE ☐ Addition NAME SIMON, CHARLES J NAME STREET ADDRESS 138 LAS BRISAS CIR STREET ADDRESS CITY-SI-7/P HYPOLUXO-FL 33463 CITY-ST-ZIP MGR Addition TITLE Delete TITLE ☐ Change SIMON, ALEXANDER A JR NAME NAME STREET ADDRESS PO BOX 201 STREET ADDRESS DELRAY BEACH FL 33447 CITY-ST-ZIP CITY-\$1-20P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY. ST. 7/P THLE ☐ Delete TITLE ☐ Addition Change | NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information ndicated 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 med imited liability company or the receiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

FILED

Jul 05, 2005 8:00 am