

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90067 015 ***138.75

DOCUMENT # L04000014208

1. Entity Name
CALIFORNIA PROPERTIES, LLC



Principal Place of Business
**850 NW FEDERAL HIGHWAY
SUITE 121
STUART, FL 34994**

Mailing Address
**P.O. BOX 1559
STUART, FL 34995**

60004051



2. Principal Place of Business - No P.O. Box #
421 SW California Ave.

3. Mailing Address

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.

City & State
Stuart, FL

City & State

Zip
34994

Country
US

Zip

Country

01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
32-0108318

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JEFFREIS, DAVID M
101 EAST KENNEDY BLVD., SUITE 3000
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name
Jeffries, David M.
Street Address (P.O. Box Number is Not Acceptable)
c/o Fee & Jeffries, P.A.
1227 N. Franklin Street
City
Tampa **FL** Zip Code
33602

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
RESNICK, TODD A
PO BOX 1409
STUART, FL 34995** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPS
RESNICK, MARY H
PO BOX 1409
STUART, FL 34995** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Todd A. Resnick, PT

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

01/22/2008 (772) 221-4624

Date

Daytime Phone #