


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90102 034 ****50.00

DOCUMENT # L04000014956					
1. Entity Name PUTNAM PROPERTIES LLC					
Principal Place of Business 956 ESTON STREET CAMARILLO, CA 93010			Mailing Address 956 ESTON STREET CAMARILLO, CA 93010		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 74-3132199	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PUTNAM, RODGER 2609 PIRATES BAY DR. FERNANDINA BEACH, FL 32034				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGR TODD PUTNAM 956 ESTON ST CAMARILLO CA 93010		
			MGR RODGER PUTNAM 2609 PIRATES BAY DR FERNANDINA BEACH FL 32034		
			MGR RODGER PUTNAM 54 CEDAR DR CAMARILLO CA 93010		
			MGR PATRICIA PUTNAM 54 CEDAR DR CAMARILLO CA 93010		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Todd Putnam</i>			Date: <i>3/10/05</i>		Daytime Phone #: <i>805-312-0265</i>