

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90531 046 ****50.00

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DOCUMENT # L04000016918 1. Entity Name RICHARD STREET PROPERTIES, LLC					
Principal Place of Business 5353-1 RAMONA BLVD. JACKSONVILLE, FL 32205			Mailing Address 5353-1 RAMONA BLVD. JACKSONVILLE, FL 32205		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02172005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LIBERA, DANIEL C 5353-1 RAMONA BLVD. JACKSONVILLE, FL 32205				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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	
			MGRM LIBERA, DANIEL C 5353-1 RAMONA BLVD JACKSONVILLE, FL 32205		
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 authorized to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Daniel C. Libera, Managing Member			3-17-05		904-786-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #