

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

02-07-2005 90281 028 ****55.00

DOCUMENT # L04000017303 1. Entity Name JANITRON PROPERTY MANAGEMENT CO.			
Principal Place of Business 703 S.E. 5TH STREET CAPE CORAL, FL 33990		Mailing Address PO BOX 151573 CAPE CORAL, FL 33915	
2. Principal Place of Business 703 S.E. 5th Street Suite, Apt. #, etc. Cape Coral, FL 33990 City & State		3. Mailing Address P.O. Box 151573 Suite, Apt. #, etc. Cape Coral, FL City & State	
Zip 33990	Country Lee County	Zip 33915	Country Lee County
6. Name and Address of Current Registered Agent CORDERO, GRECIA VENTURA 703 S.E. 5TH STREET CAPE CORAL, FL 33990		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	MGR CORDERO, GRECIA VENTURA P.O. BOX 151573 CAPE CORAL, FL 33990 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CORDERO, JAQUELINE V. P.O. BOX 151573 CAPE CORAL, FL 33990 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		2/2/2005 Date (23) 689-8011 Office Phone #	