2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2005
Secretary of State

DOCUMENT# L04000019050

Entity Name: T & F PROPERTY INVESTMENTS LLC

Current Principal Place of Business:

9655 COLOCASIA WAY
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

9655 COLOCASIA WAY
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 74-3115648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANIELS, THOMAS S
142 ORANGE DR.
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

DANIELS, THOMAS S
9655 COLOCASIA WAY
BOYNTON BEACH, FL 33436 US

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.

SIGNATURE: _____ 03/02/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: DANIELS, THOMAS S
Address: 142 ORANGE DR.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGRM ( ) Delete
Name: DANIELS, FRANCINE S
Address: 142 ORANGE DR.
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DANIELS, THOMAS S
Address: 9655 COLOCASIA WAY.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGRM (X) Change ( ) Addition
Name: DANIELS, FRANCINE S
Address: 9655 COLOCASIA WAY
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS DANIELS MGR 03/02/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date