


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR).

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90164 026 ****50.00

DOCUMENT # L04000020143 1. Entity Name FRIEDEWALD-WRIGHT PROPERTIES, L.L.C.					
Principal Place of Business 2555 COX ROAD COCOA FL 32926			Mailing Address 2555 COX ROAD COCOA FL 32926		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, DEREK F. ESQ. 1970 MICHIGAN AVENUE, BUILDING D COCOA FL 32922			Name Thomas H. YARDLEY Street Address (P.O. Box Number is Not Acceptable) 1970 MICHIGAN AVE, BLDG. D City COCOA FL Zip Code 32922		
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 <u>Beverly Friedewald, mgr.</u> DATE <u>2/19/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDEWALD, MARK		NAME		
STREET ADDRESS	2555 COX ROAD		STREET ADDRESS		
CITY - ST - ZIP	COCOA FL 32926		CITY - ST - ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDEWALD, BEVERLY		NAME		
STREET ADDRESS	2555 COX ROAD		STREET ADDRESS		
CITY - ST - ZIP	COCOA FL 32926		CITY - ST - ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, WILLIAM		NAME		
STREET ADDRESS	6462 RIDGE COURT		STREET ADDRESS		
CITY - ST - ZIP	TITUSVILLE FL 32780		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Beverly Friedewald, mgr.</u>			2/19/05 321-639-3159		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		