2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90046 024 ****55.00

DOCUMENT # L04000022226

1. Entity Name
GINLAR PROPERTIES LLC

20058077

03292005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
~~20854 GLENEAGLES LINKS DRIVE~~ ESTERO, FL 33928	~~20854 GLENEAGLES LINKS DRIVE~~ ESTERO, FL 33928

2. Principal Place of Business		3. Mailing Address	
4631 Gleneagles Links Ct.		4631 Gleneagles Links Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Estero, FL		City & State: Estero, FL	
Zip: 33928	Country: USA	Zip: 33928	Country: USA

4. FEI Number: 20-0930446 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, L. LAWRENCE
~~20854 GLENEAGLES LINKS DRIVE~~
ESTERO, FL 33928

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4631 Gleneagles Links Ct.
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: L. Lawrence Williams 3/29/2005
Signature, typed or printed name of registered agent and title if applicable. (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	MGMR WILLIAMS, L. LAWRENCE ~~20854 GLENEAGLES LINKS DRIVE~~ ESTERO, FL 33928	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 4631 Gleneagles Links Ct.
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
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)(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: L. Lawrence Williams 3/29/2005 612/810-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #