

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026307

FILED
Mar 22, 2005
Secretary of State

Entity Name: BIRDWELL PROPERTIES L.L.C.

Current Principal Place of Business:

3485 S. MONROE STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6247
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 20-0965326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDEL, ANITA B
3485 S. MONROE STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SANDEL, ANITA B
Address: 801 BRIANDAV STREET
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGR () Delete
Name: BIRDWELL, PAUL L
Address: 3107 FOXWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGR () Delete
Name: BIRDWELL, JEARL
Address: 2762 BLAIRSTONE COURT
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BIRDWELL, JEARL
Address: 2356 TOUR EIFFEL DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: ANITA SANDEL

MGR

03/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date