

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000026886

Entity Name: LOCAL PROPERTIES, LLC

**FILED**  
**Mar 11, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

12916 OAK SHADOW PLACE  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

12916 OAK SHADOW PLACE  
TAMPA, FL 33624

**New Mailing Address:**

FEI Number: 03-0540588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEBERT, CARL J  
12916 OAK SHADOW PLACE  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

HEBERT, CARL J MGR  
12916 OAK SHADOW PLACE  
TAMPA, FL 33624 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: CARL HEBERT

03/11/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: CARLTON, HEBERT  
Address: 12916 OAK SHADOW PLACE  
City-St-Zip: TAMPA, FL 33624 US

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: CARLTON J HEBERT

MGR

03/11/2005

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