2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR),

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

Apr 12, 2005 8:00 am Secretary of State DOCUMENT # L04000041725 1. Entity Name 04-12-2005 90014 025 ****50.00 DROBNYK PROPERTIES, LLC Mailing Address Principal Place of Business 1418 SANDCASTLE ROAD 1418 SANDCASTLE ROAD SANIBEL FL 33957 SANIBEL FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number Applied For City & State City & State 20-1198997 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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. (NOTE Registered Agent signature required when reinstating) DATE , Signature, typed or printed name of registered agent and title if applicable 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 MGR TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME DROBNYK, TIMOTHY STREET ADDRESS 1418 SANDCASTLE ROAD STREET ADDRESS CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition DROBNYK, BRUCE K NAME NAME STREET ADDRESS STREET ADDRESS 1418 SANDCASTLE ROAD CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME DROBNYK, BRUCE K STREET ADDRESS STREET ADDRESS 1418 SANDCASTLE ROAD CITY-ST-ZIP CITY+ST-7IP SANIBEL FL 33957 ☐ Delete TITLE ☐ Change Addition DROBNYK, TIMOTHY NAME STREET ADDRESS STREET ADDRESS 1418 SANDCASTLE ROAD CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957

FILED

☐ Change

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Addition

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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.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

☐ Delete

☐ Delete

SIGNATURE: Bruce k.	Drobnyk	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUT	THORIZED REPRESENTATIVE Date	Daytime Phone #