

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90023 003 ****50.00

DOCUMENT # L04000051992 1. Entity Name DON PEDRO PROPERTY, LLC					
Principal Place of Business 352 SOUTH GULF BOULEVARD PLACIDA, FL 33946			Mailing Address 809 S. GROVE PARK AVENUE TAMPA, FL 33609		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent LOTHROP, MONICA V 5300 BAYSHORE BOULEVARD C-3 TAMPA, FL 33611			7. Name and Address of New Registered Agent Name Dale NOVAK Street Address (P.O. Box Number is Not Acceptable) 809 Grove Park Ave. City Tampa FL Zip Code 33609		
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: Dale Novak DATE: 1-5-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM NOVAK, JULIE K 809 S. GROVE PARK AVENUE TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOVAK, Julie K 809 Grove Park Avenue Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.					
SIGNATURE: Julie K. Novak DATE: 1-5-05 DAYTIME PHONE #: 813-289-5245 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

20000196



01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1381214

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

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SIGNATURE: Julie K. Novak DATE: **1-5-05** DAYTIME PHONE #: **813-289-5245**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE