2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 07, 2005 8:00 am Secretary of State 01-07-2005 90023 003 ****50.00

| 1. Entity Name | MENT # L04000051 PRO PROPERTY, LLC | | | | 01 | -07-2005 9 | 90023 003 *** | **50.00 | |
|---|---|--|---|--------------------|--|------------------------------|--|--|--|
| Principal Place of Business 352 SOUTH GULF BOULEVARD PLACIDA, FL 33946 | | Mailing Address 809 S. GROVE PARK AVENUE TAMPA, FL 33609 | | | | | | | |
| 2. Principal Pl | lace of Business | 3. Mailing Address | | | | | | (1 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01042005 Ch | ng-LLC | CR2E083 (10/ | 03) | |
| City & State | | City & State | | | 4. FEI Number | 38 1 g | 14 | | |
| Zip | Country | Zip | Country | | 5. Certificate of Sta | tus Desired | □ \$5.00 Fee Req | Additional uired | |
| | 6. Name and Address of Curren | t Registered Agent | | | 7. Name and Addr | ess of New Re | egistered Agent | | |
| LOTHROD | MONICA V | | Name | Name Dale NOVAK | | | | | |
| LOTHROP, MONICA V 5300 BAYSHORE BOULEVARD C-3 | | | Street / | Address (P | P.O. Box Number is N | ot Acceptable |) | | |
| TAMPA, FI | L 33611 | | | <u>86</u> | 7 Grave | 2 Par | K Ale | *, | |
| | | | City | Ta | mæi | | FL Zip | 5° 2/2/09 | |
| 8. The above | named ontily submits this statement f | for the purpose of changing its | egistered office of | r registere | ed agent, or both, in t | he State of Flor | rida. I am familiar v | vith, and accept | |
| the obligati | ions of registered agent | | 6 -1 | | | i. | -6-05 | | |
| SIGNATURE | Signature, typed or printed name of registered ager | nt anovitte i applicable. (NOTE: | : Registered Agent signa | 1 | when reinstating) | | DATE | | |
| 200 m | lling Fee is \$50.00 ue by May 1, 2005 | | | | | | e check payable Department of S | | |
| 3. | <u> </u> | | ·· <u>·</u> | | | | | | |
| 9 i. | MANAGING MEMB | | 10. | | D.M. | ADDITIONS/ | CHANGES, | | |
| 9. A TITLE | MGRM | ERS/MANAGERS | TITLE | MG | all Tules | K | CHANGES, | | |
| 9 i. | | ☐ Delete | ··· | 1 84 | all Tules | K | CHANGES, | | |
| 9. A INTITLE NAME | MGRM NOVAK, JULIE K 809 S. GROVE PARK ® AVENU TAMPA, FL 33609 | ☐ Delete | TITLE NAME | Nov. 809 | 4K, Julie Grove Pa am Da, E | K rk Av | CHANGES, DECTAIN EVUNC | nge Addition | |
| 9. A B TITLE NAME STREET ADDRESS CJTY-ST-ZJP TITLE | MGRM NOVAK, JULIE K 809 S. GROVE PARK® AVENU TAMPA, FL 33609 MGRM | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Nova 809 MGF | 4K, Julie Grove Pa 2M Pa, E | K rk Aw L 33 | CHANGES, Char Ch | nge Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MGRM NOVAK, JULIE K 809 S. GROVE PARK® AVENU TAMPA, FL 33609 MGRM NOVAK, DALE P | Delete Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Nova 809 MGF | 4K, Julie Grove Pa 2M Pa, E | K rk Aw L 33 | CHANGES, Char Ch | nge Addition | |
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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 fimiled liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

| SIGNATURE: Julie & Dale & Dale K. Dalak 1-5-0 | 5 813-289-5249 |
|---|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date | Daytime Phone # |