

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052918

FILED
Apr 29, 2005
Secretary of State

Entity Name: GOVONI PROPERTIES LLC

Current Principal Place of Business:

505 AVENUE A, N.W., SUITE 102
WINTER HAVEN, FL 33881

New Principal Place of Business:

117 E LAKE AVENUE
SUITE A
AUBURNDALE, FL 33823 US

Current Mailing Address:

505 AVENUE A, N.W., SUITE 102
WINTER HAVEN, FL 33881

New Mailing Address:

117 E LAKE AVENUE
SUITE A
AUBURNDALE, FL 33823 US

FEI Number: 75-3126572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MARK R
C/O KAY SCHOLER LLP
777 S. FLAGLER DRIVE, SUITE 900, WEST TWR
WEST PALM BEACH, FL 33401 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: MGRM () Delete
Name: GOVONI, BRIAN
Address: 505 AVENUE A, N.W., SUITE 102
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM () Delete
Name: GOVONI, HENRY C
Address: 33 WAMSUTTA AVE.
City-St-Zip: ACUSHNET, MA 02743

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOVONI, BRIAN R
Address: 117 E LAKE AVENUE - SUITE A
City-St-Zip: AUBURNDALE, FL 33823

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

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: BRIAN R GOVONI

MGRM

04/29/2005

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