


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

01-31-2005 90195 046 ****50.00

DOCUMENT # L04000059898	
1. Entity Name 4000 PROPERTIES OF VOLUSIA COUNTY, LLC.	

Principal Place of Business 111 LIVE OAK STREET NEW SMYRNA BEACH FL 32168	Mailing Address 111 LIVE OAK STREET NEW SMYRNA BEACH FL 32168
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

30000898



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent KOSMAS, JAMES M 111 LIVE OAK STREET NEW SMYRNA BEACH FL 32168	
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4. FEI Number 75-3164427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required


7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div>		

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOSMAS, PAUL 920 THIRD AVENUE NEW SMYRNA BEACH FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 608, Florida Statutes.

SIGNATURE: 	Date: 1/25/05	Daytime Phone #: (352) 422-6892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		