

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90141 001 \*\*\*100.00

**DOCUMENT # L04000064603**

1. Entity Name  
**DEERPATH PROPERTY PARTNERS TWO, L.L.C.**



Principal Place of Business  
**24600 S. TAMAMI TRAIL, STE. 212, PMB 165  
BONITA SPRINGS, FL 34134**

Mailing Address  
**24600 S. TAMAMI TRAIL, STE. 212, PMB 165  
BONITA SPRINGS, FL 34134**

**30005178**



2. Principal Place of Business  
**200 2nd Avenue South**

3. Mailing Address  
**200 2nd Avenue South**

Suite, Apt. #, etc.  
**Unit 219**

Suite, Apt. #, etc.  
**Unit 219**

03172005 Chg-LLC CR2E083 (10/03)

City & State  
**St. Petersburg Florida**

City & State  
**St. Petersburg Florida**

4. FEI Number  
**20-1572046**

Applied For  
**Not Applicable**

Zip  
**33701-4313**

Country  
**USA**

Zip  
**33701-4313**

Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**SHIELDS, CHRISTOPHER J  
24600 S. TAMAMI TRAIL, STE. 212, PMB 165  
BONITA SPRINGS, FL 34134**

7. Name and Address of New Registered Agent  
Name  
**Shields, Christopher J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1833 Hendry Street**  
City  
**Fort Myers** **FL** Zip Code  
**33901**

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 \_\_\_\_\_

**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	MGR CURTISS, KAREN A 24600 S. TAMAMI TRAIL, STE. 212, PMB 165 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 2nd Avenue South Unit 219 St. Petersburg, Florida 33701-4313	<input checked="" 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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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

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:** **Christopher J. SHields** **4/29/05** **239-334-2195**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #