


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90141 001 ***100.00

DOCUMENT # L04000064608
 1. Entity Name
DEERPATH PROPERTY PARTNERS ONE, L.L.C.



Principal Place of Business
 24600 S. TAMiami TRAIL, STE. 212, PMB 165
 BONITA SPRINGS, FL 34314

Mailing Address
 24600 S. TAMiami TRAIL, STE. 212, PMB 165
 BONITA SPRINGS, FL 34314

30005177

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
 20-1571979

Applied For
 Not Applicable

Zip Country
 33701-4313 USA

Zip Country
 33701-4313 USA

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

6. Name and Address of Current Registered Agent
 SHIELDS, CHRISTPHER J
 24600 S. TAMiami TRAIL, STE. 212, PMB 165
 BONITA SPRINGS, FL 34314

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURTISS, KAREN A 24600 S. TAMiami TRAIL, STE. 212, PMB 165 BONITA SPRINGS, FL 34314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 2nd Avenue South Unit 219 St. Petersburg, FL 33701-4313
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 #