

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068705

FILED
Jan 24, 2005
Secretary of State

Entity Name: MAINMAST PROPERTIES, L.L.C.

Current Principal Place of Business:

10759 BANFIELD DR.
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

10759 BANFIELD DR.
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 20-1647097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDERMOTT, MICHAEL J ESQ
791 W. LUMSDEN RD.
BRANDON, FL 33511 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: WILLIAMSEN, JEFFREY P
Address: 10759 BANFIELD DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Delete
Name: WILLIAMSEN, KATHLEEN
Address: 10759 BANFIELD DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Delete
Name: HK HORIZONS, INC.,
Address: 4474 GLACIER PEAK CIR.
City-St-Zip: SPARKS, NV 89434

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: JK HORIZONS, INC.,
Address: 4474 GLACIER PEAK CIR.
City-St-Zip: SPARKS, NV 89434

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: KATHLEEN WILLIAMSEN

MGRM

01/24/2005

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