


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90161 029 ****50.00

DOCUMENT # L04000071230 1. Entity Name MUCHUCHIES PROPERTIES, LLC	
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Principal Place of Business 853 NORTH STATE RD. 434 ALTAMONTE SPRINGS, FL 32714	Mailing Address 853 NORTH STATE RD. 434 ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business P.O. Box 111179 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 111179 Suite, Apt. #, etc.
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City & State Naples FL	City & State Naples FL
Zip 34108	Zip 34108
Country	Country

6. Name and Address of Current Registered Agent ALEMANY, MAYRA 12864 BRYNWOOD WAY NAPLES, FL 34108	
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03252005 Chg-LLC CR2E083 (10/03)

4. FEI Number 55-0892316	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" 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 _____ (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 MARQUINA, CANDICE A 12954 BRYNWOOD WAY NAPLES, FL 34105 <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	MGR MARQUINA, JOSE R 12954 BRYNWOOD WAY NAPLES, FL 34105 <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: Candice Marquina 23 March 2005 239601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 4399