
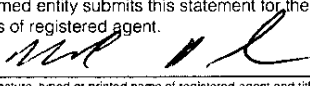


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90028 002 \*\*\*\*50.00

<b>DOCUMENT # L04000081527</b>					
<b>1. Entity Name</b> BANKS PROPERTY, LLC					
<b>Principal Place of Business</b> 618 NW 60TH STREET SUITE A GAINESVILLE, FL 32607			<b>Mailing Address</b> 618 NW 60TH STREET SUITE A GAINESVILLE, FL 32607		
<b>2. Principal Place of Business</b> 100 SW 75th Street Suite, Apt. #, etc. Ste 205 City & State Gainesville, FL Zip 32607 Country US		<b>3. Mailing Address</b> 100 SW 75th Street Suite, Apt. #, etc. Ste 205 City & State Gainesville, FL Zip 32607 Country US			
<b>4. FEI Number</b> 20-2039460				03242005    Chg-LLC    CR2E083 (10/03)	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> PLA, JOHN 618 NW 60TH STREET SUITE A GAINESVILLE, FL 32607			<b>7. Name and Address of New Registered Agent</b> Name PLA, JOHN PUGH, MERRILL Street Address (P.O. Box Number is Not Acceptable) 100 SW 75th Street Ste 205 City Gainesville <b>FL</b> Zip Code 32607		
<b>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.</b>					
SIGNATURE 		DATE <u>4/18/05</u>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLA, JOHN 618 NW 60TH STREET, SUITE A GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Pla. John 100 SW 75th Street Ste 205 Gainesville, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUGH, MERRILL 618 NW 60TH STREET, SUITE A GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Pugh, Merrill 100 SW 75th Street Ste 205 Gainesville, FL 32607	<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
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
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
<b>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.</b>					
<b>SIGNATURE:</b> 		DATE <u>4/18/05</u>		DAYTIME PHONE # <u>352-331-3343</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					