FILED
Mar 15, 2005 8:00 am
Secretary of State

02-07-2005 90279 047 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

2.

DOCUMENT # L04000089593

1. Entity Name
LOOK AND IMAGE PROPERTY MANAGEMENT, LLC

30001672

Principal Place of Business	Mailing Address
1168 MRYTLE STREET G.A. SARASOTA, FL 34234	1168 MRYTLE STREET G.A. SARASOTA, FL 34234

02032005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1168 Myrtle Street GA		1168 Myrtle Street GA.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 76-0773501 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVAREZ, BRIAN H 4881 POST POINTE DRIVE SARASOTA, FL 34233	Name MARK ANTHONY DEBUONO Street Address (P.O. Box Number is Not Acceptable) 1168 MYRTLE STREET GA. City SARASOTA FL Zip Code 34234

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 Mark Anthony [signature] 3/4/2005
Signature, typed or printed name of registered agent and title if applicable. (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	MGRM DEBUONO, MARC ANTHONY 1168 MRYTLE STREET SARASOTA, FL 34234	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEBUONO, MARK ANTHONY 1168 MYRTLE STREET SARASOTA, FL 34234	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Mark Anthony [signature] 3/4/2005 941-737-7531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #