

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L95000001010**

1. Entity Name

VELDA OAKS PROPERTIES, L.C.



Principal Place of Business

6515 AQUEDUCT COURT  
TALLAHASSEE, FL 32308

Mailing Address

6515 AQUEDUCT COURT  
TALLAHASSEE, FL 32308

**DO NOT WRITE IN THIS SPACE**



04082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3359214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN, MATTHEW M  
6515 AQUEDUCT COURT  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2004**

U000000122754  
04/21/04-80041-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
COHEN, MATTHEW M  
6515 AQUEDUCT COURT  
TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
COHEN, LESLIE S  
6515 AQUEDUCT COURT  
TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #