

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000328

FILED  
Jan 11, 2005  
Secretary of State

Entity Name: CASA DE NINOS PROPERTIES, L.C.

## Current Principal Place of Business:

2002 E. 4TH AVENUE  
TAMPA, FL 33605

## New Principal Place of Business:

## Current Mailing Address:

3214 W TALON ST  
TAMPA, FL 33629

## New Mailing Address:

3214 W TACON ST  
TAMPA, FL 33629

FEI Number: 59-3441773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DECEMBER, CHRIS  
3214 W. TALON ST  
TAMPA, FL 33629 US

## Name and Address of New Registered Agent:

DECEMBER, CHRIS  
3214 W. TACON ST  
TAMPA, FL 33629 US

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: CHRIS DECEMBER

01/11/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: GAINES, STEPHANIE D  
Address: 3214 W. TACON ST.  
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete  
Name: GAINES, RONALD  
Address: 3214 W. TACON ST.  
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete  
Name: DECEMBER, CHRISTOPHER K  
Address: 2421 88TH AVE., NE  
City-St-Zip: CLYDE HILL, WA 98004

Title: MGRM ( ) Delete  
Name: DECEMBER, STEPHANIE M  
Address: 2421 88TH AVE., NE  
City-St-Zip: CLYDE HILL, WA 98004

## ADDITIONS/CHANGES:

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

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

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

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

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: STEPHANIE GAINES

MGRM

01/11/2005

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