2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Apr 09, 2004 8:00 am Secretary of State **DOCUMENT # L99000000857** 1. Entity Name 04-09-2004 90212 002 ****50.00 CANAL PROPERTIES, L.L.C. Principal Place of Business Mailing Address 5414 26TH STREET WEST BRADENTON FL 34207 5414 26TH STREET WEST **BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address 26th Street West 5406 5406 Suite, Apt. #, etc CR2E083 (11/03) & State City & State 4. FEI Number Applied For 65-0898190 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOWZE, THOMAS A 5414 26TH STREET WEST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34207** Bradenton 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. typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Change TITLE ☐ Delete TITLE WGRM ☐ Addition HOWZE, THOMAS A NAME NAME Monas Duth Street West STREET ADDRESS 5414 26TH STREET WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34207** CITY-ST-ZIP JC 3420-MGRM ☐ Delete TITLE Change ☐ Addition NAME ROBINSON, H.L. NAME STREET ADDRESS 7000 RIVERVIEW BLVD., NW STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP TITLE MGRM ☐ Delete ☐ Change ☐ Addition NAME MBK PROPERTIES, INC. NAME STREET ADDRESS 612 24TH STREET EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

BER, MANAGER, OR AUTHORIZED REPRESENTATIV

FILED