


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000000945  
 1. Entity Name  
 ANTONIOU PROPERTIES OF FLORIDA, LLC



Principal Place of Business      Mailing Address  
 5101 ORANGE BLOSSOM      10563 DORCHESTER WAY  
 KISSIMMEE, FL 34758      WOODSTOCK, MD 21163

**DO NOT WRITE IN THIS SPACE**



04132005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 38-3456038	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HEIDENRICH, LEWIS H  
 243 N W 121 TERR  
 CORAL SPRINGS, FL 33071

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANTONIOU, THOMAS S 9724 TREYBURN CT. ELLCOTT CITY, MD 21042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, VANESSA A 631 KENSINGTON AVE SEVERNA PARK, MD 21146
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UD00000315078  
 04/19/05-80018-024 50.00

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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: Thomas S. Antoniou      THOMAS S. ANTONIOU      4/13/2005      (410)-203-2874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #