## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Jan 20, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # L99000001 PERTIES, L.L.C.				01-20-2004 9	90203 0:	34 ****55.	00	
Principal Place of Business 214 PRESTWIEK DR. NEW SMYRNA BEACH, FL 32168		Mailing Address 214 PRESTWIEK DR. NEW SMYRNA BEACH, FL 32168				24001817			
2. Principal Place of Business 214 PRESTWILK DRIVE									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062004	Chg-LLC	CR2E	E083 (10/03)	<del>-</del> _
City & State		City & State		4. FEI Nurr 59-35	ber 61752			plied For t Applicable	
Zip	Country	Zip Country		5. Certifica	5. Certificate of Status Desired \$5.00 Additional Fee Required				
<del></del>	6. Name and Address of Current	Registered Agent	<del></del>	F	7. Name a	nd Address of New	Registered		-
				Name					
150 MAGN	'O CHARTER SERVICES, INC. NOLIA AVENUE N BEACH, FL 32115-2491		Street A		dress (P.O. Box Nun	ber is Not Acceptab	de)		
				City			F	Zip Code	9
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	s register	ed office or re	egistered agent, or l	ooth, in the State of F	lorida. I ar	n familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable, (NO	TE: Registere	d Agent signature	required when reinstating)	J suc.	DATE	<del>,                                    </del>	· · · · · · ·
	Signature, typed or printed name of registered agent	and title it applicable. (NO	TE: Registere	ed Agent signature	e required when reinstating)	Ma	i	payable to	
	Signature, typed or printed name of registered agent illing Fee is \$50.00 ue by May 1, 2004	and title if applicable. (NO	TE: Registere	d Agent signature	e required when reinstating)		ke check	An action on which	
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I hereby certify that the information supplied with this liting does not qualify for the exception 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE