

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # L99000004602

1. Entity Name
WALLACE BROTHERS PROPERTIES, L.C.



Principal Place of Business

**145 KEVIN DRIVE
GULF BREEZE, FL 32561**

Mailing Address

**145 KEVIN DRIVE
GULF BREEZE, FL 32561**

DO NOT WRITE IN THIS SPACE



01172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
62-1780915

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALLACE, PHILLIP K
145 KEVIN DRIVE
GULF BREEZE, FL 32561**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WALLACE, PHILLIP K
STREET ADDRESS	145 KEVIN DRIVE
CITY - ST - ZIP	GULF BREEZE, FL
TITLE	MGRM
NAME	WALLACE, J. KEN
STREET ADDRESS	145 KEVIN DRIVE
CITY - ST - ZIP	GULF BREEZE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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)(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 MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____