

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90065 010 \*\*\*\*50.00

**DOCUMENT # L99000008299**

1. Entity Name  
**SR PROPERTIES, LLC**



Principal Place of Business  
**3901 ST. LUCIE BLVD.  
FORT PIERCE, FL 34946**

Mailing Address  
**725 EAST 40TH STREET  
HOLLAND, MI 49423**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**65-1063533**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**SLIKKERS, THOMAS B  
390 ST. LUCIE BLVD.  
FT. PIERCE, FL 34946**

## 7. Name and Address of New Registered Agent

Name **Robert L Slikkers**  
Street Address (P.O. Box Number is Not Acceptable)  
**3901 St Lucie Blvd**  
City **Ft Pierce** **FL** Zip Code **34946**

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, 2004**

**Make check payable to  
Florida Department of State.**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete  
NAME **RINGWELSKI, SUSAN**  
STREET ADDRESS **1784 S. SHORE DR.**  
CITY-ST-ZIP **HOLLAND, MI 49423**

TITLE **MGRM** ☒ Delete  
NAME **SLIKKERS, THOMAS B**  
STREET ADDRESS **3901 ST. LUCIE BLVD.**  
CITY-ST-ZIP **FORT PIERCE, FL 34946**

TITLE **MGRM** ☐ Delete  
NAME **SLIKKERS, ROBERT L**  
STREET ADDRESS **6553 CREEKWOOD AVENUE**  
CITY-ST-ZIP **HOLLAND, MI 49423**

TITLE **MGRM** ☐ Delete  
NAME **SLIKKERS, DAVID A**  
STREET ADDRESS **13 CAROUSEL LANE**  
CITY-ST-ZIP **HOLLAND, MI 49423**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-26-04**  
Date

**616-394-7478**  
Daytime Phone #