

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000008861**

1. Entity Name  
151 PROPERTIES, L.L.C.



Principal Place of Business  
151 N.W. FIRST AVENUE  
DELRAY BEACH, FL 33444

Mailing Address  
151 N.W. FIRST AVENUE  
DELRAY BEACH, FL 33444



01202005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0971197

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FEDERSPIEL, ROBERT W  
151 N.W. FIRST AVENUE  
DELRAY BEACH, FL 33444

**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 FEDERSPIEL, ROBERT W  
STREET ADDRESS 3691 LONE PINE ROAD  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE MGRM  
NAME FEDERSPIEL, CYNTHIA A  
STREET ADDRESS 3691 LONE PINE ROAD  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE MGRM  
NAME DITTMAN, ROBERT A  
STREET ADDRESS 925 ORCHID LAND  
CITY-ST-ZIP GULF STREAM, FL 33483

TITLE MGRM  
NAME DITTMAN, JOYCE O  
STREET ADDRESS 925 ORCHID LANE  
CITY-ST-ZIP GULF STREAM, FL 33483

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000206728  
02/01/05-80016-022 50.00

**DO NOT WRITE  
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 #

1-27-05