


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000002043 1. Entity Name JOANNE ZIMMERMAN FAMILY PROPERTIES, L.L.C.					
Principal Place of Business 1212 SOUTH GARFIELD AVENUE TRAVERSE CITY MI 49686-4331			Mailing Address 1212 SOUTH GARFIELD AVENUE TRAVERSE CITY MI 49686-4331		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number NO-T APPLICABLE		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent OAKS, DAVID K ESQ. 407 EAST MARION AVENUE, SUITE 101 PUNTA GORDA FL 33950			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZIMMERMAN, JOANNE 1212 SOUTH GARFIELD AVENUE TRAVERSE CITY MI 49686		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000053896 02/16/04-80151-001 50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Jo Anne Zimmerman <i>Joanne M Zimmerman</i> 2/2/04 231 1-946-8860					