


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90065 036 ****50.00

DOCUMENT # M04000002642		
1. Entity Name MINTZ PROPERTIES LLC		
Principal Place of Business PO BX 1430 ISLAMORADA FL 33036		Mailing Address PO BX 1430 ISLAMORADA FL 33036



2. Principal Place of Business <i>Same as Above</i>		3. Mailing Address <i>Same as Above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country USA	Zip	Country USA

1st MOORE CR2E083 (10/04)

4. FEI Number 562117621		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MINTZ, THURMAN 79800 O/S HWY ISLAMORADA FL 33036		7. Name and Address of New Registered Agent	
		Name <i>N/A</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>N/A</i>	
		City <i>N/A</i> 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 _____
Signature, typed or printed name of registered agent and title if applicable (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, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MINTZ, THURMAN PO BX 1430 ISLAMORADA FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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

Date

Daytime Phone #

6-26-05 305-510-4735