2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000010142

1. Entity Name
ARCADIA PROPERTIES, LLC

Principal Place of Business	Mailing Address
405 CENTRAL AVENUE, STE 100-B ST. PETERSBURG, FL 33701	405 CENTRAL AVENUE, STE 100-B ST. PETERSBURG, FL 33701

04212004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3704322
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDSTEIN, BRUCE S
500 EAST KENNEDY BOULEVARD, SUITE 101-A
TAMPA, FL 33602

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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

U00000126909
04/23/04-80052-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	MCCLURE, J. RICHARD
STREET ADDRESS	405 CENTRAL AVENUE, STE 100-B
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	MGRP
NAME	HARVEY, WILLIAM
STREET ADDRESS	166 SW CASSINE STREET
CITY-ST-ZIP	PALM CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: J Richard McClure 4/20/04 727-821-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #