


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000006392  
 1. Entity Name  
 RE ACQUISITIONS SAMPLE, LLC



Principal Place of Business  
 730 WEST BROWARD BLVD  
 FT. LAUDERDALE, FL 33312

Mailing Address  
 730 WEST BROWARD BLVD  
 FT. LAUDERDALE, FL 33312

**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1095481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOLL, GEORGE H  
 730 W BROWARD BLVD.  
 FT LAUDERDALE, FL 33312

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DENBERG, ROBERT L 730 W. BROWARD BLVD FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHOLL, GEORGE H 730 W. BROWARD BLVD FT. LAUDERDALE, FL 33312
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 04/26/04 08044 010 50.00

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]* 4-21-04 954-522-3660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #