


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000007422 1. Entity Name TRUSA REALTY LLC	
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Principal Place of Business 1151 AZALEA GARDEN RD. NORFOLK, VA 23502	Mailing Address 1151 AZALEA GARDEN RD. NORFOLK, VA 23502
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01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2336053	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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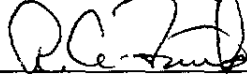
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRD TOWNSEND, ALBERT 455 FAIRWAY DR. DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILT, LAWRENCE H JR 1151 AZALEA GARDEN RD. NORFOLK, VA 23502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS FINK, RUSSELL A. 1151 AZALEA GARDEN RD. NORFOLK, VA 23502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SAUNDERS, JOHNSIE R 1151 AZALEA GARDEN RD NORFOLK, VA 23502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000007309 01/20/04-80019-002 50.00
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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)(b), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Russell A. Fink, U.P., General Counsel & Secretary	1/13/04 Date	257-858652 Daytime Phone #
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