


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000001394**  
 1. Entity Name  
**SECURITY CAPITAL OF FLORIDA, LLC**



Principal Place of Business 13524 ROSEWOOD LANE NAPLES, FL 34119	Mailing Address P.O. BOX 110448 NAPLES, FL 34108
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**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 80-0028651	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FEINSTEIN, ERIC  
 13524 ROSEWOOD LANE  
 NAPLES, FL 34119

**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)  
Signature: typed or printed name of registered agent and title if applicable      DATE

**Filing Fee is \$50.00**  
**Due by September 8, 2004**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS FEINSTON, KATHY 13524 ROSEWOOD LANE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT FEINSTEIN, ERIC 13524 ROSEWOOD LANE NAPLES, FL 34119
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 08/30/04-80002-010 55.00

**DO NOT WRITE IN THIS SPACE**

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:  *MAK*      8-17-04 (239)596-3440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #