


**2004 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED

2004 DEC -9 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000033514
1. Entity Name
REAL PLUS LLC



Principal Place of Business
2269 S. UNIVERSITY DRIVE #266
DAVIE, FL 33324

Mailing Address
2269 S. UNIVERSITY DRIVE #266
DAVIE, FL 33324

2. Principal Place of Business
~~2269 S. UNIVERSITY DRIVE #266~~ 4630 S. KIRKMAN RD.
Suite, Apt. #, etc.
#205

3. Mailing Address
4630 S. KIRKMAN RD.
Suite, Apt. #, etc.
#205



08312004 Chg-LLC CR2E083 (10/03)

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32811

Country
U.S.A

Zip
32811

Country
U.S.A

4. FEI Number
82-0582809

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HESLERT, CASTILLO
4508 S.W 160 AVE #729
729
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent
Name: Adolfo Garcia
Street Address (P.O. Box Number is Not Acceptable): 3956 TOWN CENTER BLVD, #275
City: ORLANDO FL Zip Code: 32837

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:  DATE: Nov/23/2004

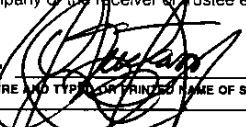
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OROPEZA, GUSTAVO <input type="checkbox"/> Delete 2269 S. UNIVERSITY DRIVE #266 DAVIE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OROPEZA, GUSTAVO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4630 S. KIRKMAN RD, #205 ORLANDO FL 32811
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
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
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
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
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:  DATE: Dec/3/2004 DAYTIME PHONE #: 407-489-7333

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE