


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90556 019 \*\*\*\*50.00

DOCUMENT # L03000015223			
1. Entity Name SEPNER FAMILY REALTY, LLC			
Principal Place of Business 7538 GLENDEVON LANE DELRAY BEACH FL 33446		Mailing Address 7538 GLENDEVON LANE DELRAY BEACH FL 33446	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  DAVIDOFF, SANDRA LEE 7538 GLENDEVON LANE DELRAY BEACH FL 33446		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
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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: <i>Sandra L. Davidoff</i>		Sandra L. Davidoff 3/24/04 561-496-4656	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	



MOORE CR2E083 (11/03)

4. FEI Number 65-0697912 Applied For  Not Applicable

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

MGM  
 DAVIDOFF SANDRA L.  
 7538 GLENDEVON LN  
 DELRAY BEACH, FL 33446

MGM  
 KIRSHNER, BETH  
 7538 GLENDEVON LN  
 DELRAY BEACH, FL 33446