


T. Roberts MAY 03 2005

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 05 APR 29 PM 4:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L04000080864 1. Entity Name ARCHVIDA REALTY AND CONSULTING SERVICES, LLC		
Principal Place of Business 750 S ORANGE BLOSSOM TRAIL STE 44 ORLANDO, FL 32805		Mailing Address PO BOX 690371 ORLANDO, FL 32869
2. Principal Place of Business 311 N Dollins Ave	3. Mailing Address P O Box 690371	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Orlando FL	City & State Orlando FL	4. FEI Number Applied for
Zip 32805	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
Zip 32869	Country U.S.	Applied For <input checked="" type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent TARLBERT, LORETTA 750 S ORANGE BLOSSOM TRAIL STE 44 ORLANDO, FL 32805		7. Name and Address of New Registered Agent Name Loretta Tarlburt Street Address (P.O. Box Number is Not Acceptable) 311 N Dollins Avenue Orlando, City Orlando, FL Zip Code 32805
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 Loretta Tarlburt (NOTE: Registered Agent signature required when reinstating) DATE 4-29-05		
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGRM	NAME TARLBERT, LORETTA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS PO BOX 690371	CITY-ST-ZIP ORLANDO, FL 32869	200053145372 05/02/05--01003--001 **375.00
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 Loretta Tarlburt <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4-29-05 <small>Daytime Phone #</small>