


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000004367  
 1. Entity Name  
 RELDA, LLC



Principal Place of Business 4430 EAST ADAMO DR TAMPA, FL 33602	Mailing Address 4430 EAST ADAMO DR TAMPA, FL 33602
--	--

**DO NOT WRITE IN THIS SPACE**



07122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4068819	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  
 TONY SINGLETON  
 C/O RELDA, LLC  
 4430 EAST ADAMO DRIVE, #306  
 TAMPA, FL 33604

**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:  DATE: 7/15/04

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

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


1100008167251  
 07/19/04-80017-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGLETON, TONY 610 BATTAN COURT TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALZMAN, BARRY 115 CENTRAL PARK WEST NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENBERG, CRAIG 134 KIRSTON AVE SI, NY 10314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(l), 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: 7/12/04

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