

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90045 030 ****50.00

DOCUMENT # L02000012566

1. Entity Name
SERVANT INVESTMENTS, LLC



Principal Place of Business

c/o Greenspoon Marder et al.
210 E. Pine Street, Suite 500
Orlando, FL 32801

Mailing Address

c/o Greenspoon Marder et al.
210 E. Pine Street, Suite 500
Orlando, FL 32801

24080011



07232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR.
201 EAST PINE STREET, SUITE 500
ORLANDO, FLORIDA 32801

**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

[Signature]
[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

8-11-04

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
STEINBERGER, MARTIN
210 E. Pine Street, Suite 500
Orlando, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CHAPIN, ROBERT W JR.
210 E. Pine Street, Suite 500
Orlando, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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:

[Signature]
SIGNATURE AND PRINTED NAME OF THE MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8-11-04

Date

407-425-6559

Daytime Phone #