


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000000379</b> 1. Entity Name <b>HAAGSMA REALTY, LLC</b>	
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Principal Place of Business <b>150 MCMULLEN BOOTH RD. S. CLEARWATER, FL 33759</b>	Mailing Address <b>150 MCMULLEN BOOTH RD. S. CLEARWATER, FL 33759</b>
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**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>59-3628060</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HAAGSMA, D. PAUL 150 MCMULLEN BOOTH RD. S. CLEARWATER, FL 33759</b>
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**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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000147180  
05/03/04-80096-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAAGSMA, PAUL 1320 GULF BLVD. BELLEAIR SHORES, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAAGSMA, BARBARA J 1320 GULF BLVD. BELLEAIR SHORE, FL 33786
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

<b>SIGNATURE:</b> <i>Barbara Haagasma</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<i>4/29/04</i> <small>Date</small>	<small>Daytime Phone #</small>
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