2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 15, 2004 8:00 am Secretary of State **DOCUMENT # L00000013165** 1. Entity Name 04-15-2004 90116 038 ****50.00 FIRST REAL ESTATE, LLC Principal Place of Business Mailing Address 609 EAST 4TH COURT PANAMA CITY FL 32401 609 EAST 4TH COURT PANAMA CITY FL 32401 2. Principal Place of Business 2108 ST. A 3. Mailing Address Suite. Apt. #. etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 59-3681692 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURKE, TODD M ESQ. Street Address (P.O. Box Number is Not Acceptable) BURKE & BLUE, P.A. 221 MCKENZIE AVENUE PANAMA CITY FL 32401 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Addition Abdul Rahim 282108 4t. Andrews BNd. PANAMA CITY FL. 32405 NAME SOBANSKI, DENNIS E NAME STREET ADDRESS 609 EAST 4TH COURT STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TJTT F TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED