


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000015541 1. Entity Name COX TORRES REAL ESTATE PARTNERSHIP LLC	
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Principal Place of Business 596 OCOEE COMMERCE PARKWAY OCOEE, FL 34761	Mailing Address 596 OCOEE COMMERCE PARKWAY OCOEE, FL 34761
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DO NOT WRITE IN THIS SPACE



02202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3680826	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 TORRES, JOSE A.D. 7546 PARK SPRINGS CIRCLE ORLANDO, FL 32835

**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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U000000099840
03/31/04-80022-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COX, W. KEVIN M.D. 17311 MAGNOLIA ISLAND BLVD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES, JOSE A.M.D. 7546 PARK SPRINGS CIRCLE ORLANDO, FL 32835
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: MKG PRESIDENT 3/24/04 407 654 3505 EXT. 233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #