2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000003690

1. Entity Name
FLORIDA RESIDENTIAL SOLUTIONS, LLC

Principal Place of Business	Mailing Address
907 N WILSON AVENUE # 405 BARTOW, FL 33830	907 N WILSON AVENUE # 405 BARTOW, FL 33830

DO NOT WRITE IN THIS SPACE

01282004No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3705501

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VILLALBA, JORGE
17511 MALLARD CT.
LUTZ, FL 33549

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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

U00000058577
02/27/04-80050-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	VILLALBA, JORGE
STREET ADDRESS	17511 MALLARD CT.
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	MGR
NAME	MCCRANEY, DAVID
STREET ADDRESS	9212 MEADOWLAND CT.
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	MGR
NAME	PEACOCK, PAIGE
STREET ADDRESS	3090 MISSION OAKS TR.
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	MGR
NAME	KUPFER, JEFF
STREET ADDRESS	8198 NATURE'S WAY #21
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: ✓ _____ CEO ✓ 2/24/04 863 ✓534 6005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #