2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000004241

REAL ESTATE PROFESSIONALS OF POLK COUNTY, LLC



FILED Jul 07, 2004 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

109 ALAMANDA DRIVE LAKELAND, FL 33803

CITY-ST-ZIP

SIGNATURE:

109 ALAMANDA DRIVE LAKELAND, FL 33803



07012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

7-1-04

\$5.00 Additional Fee Required

(863)667-0150

Deviline Phone #

6. Name and Address of Current Registered Agent

HERNANDEZ, ANDRES 2510 SOUTH FLORIDA AVENUE LAKELAND, FL 33803

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| | named entity submits this statement for the purpose of changons of registered agent. | ging its registered office or registered agent, or both | , in the State of Florida. I am familiar with, and accopt |
|--|--|---|---|
| SIGNATURE Signature, typed or printed name of registered agent and (sie 8 applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| Fili Due b | ing Fee is \$50.00 by September 8, 2004 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| title Name Street address City-St-Zip | MGR HERNANDEZ, ANDRES 2510 S. FLORIDA AVENUE LAKELAND, FL. 33803 | | U00000163937 07/07/04-80023-022 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ··· |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME | | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature strall 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 MANAGRIG MEMBER, OR AUTHORIZED REPRESENTATIVE