


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90034 047 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT #</b> L01000005272                |  |
| <b>1. Entity Name</b><br>REALTY SERVICES, LLC |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>-10138 U.S.-19-<br>PORT RICHEY FL 34668 | <b>Mailing Address</b><br>10138 U.S.-19<br>PORT RICHEY FL 34668 |
|---|---|

|  |  |
|--|--|
| <b>2. Principal Place of Business</b><br>9735 US 19<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>9735 US 19<br>Suite, Apt. #, etc. |
|--|--|

|   |   |
|---|---|
| <b>City &amp; State</b><br>Port Richey FL | <b>City &amp; State</b><br>Port Richey FL |
| <b>Zip</b><br>34668                       | <b>Country</b><br>PASLO                   |

|  |   |
|--|---|
| <b>4. FEI Number</b><br>22-3796085   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b><br>TRONGEAU, CATHY<br>10138 U.S. 19<br>PORT RICHEY FL 34668 |
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| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City, <b>FL</b> Zip Code |
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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** *Cathy* (NOTE: Registered Agent signature required when reinstating) **DATE**

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| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b> |
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| 9. MANAGING MEMBERS/MANAGERS               |                                 | 10. ADDITIONS/CHANGES                      |  |
|--|---------------------------------|--|--|
| <b>TITLE</b><br>MGR                        | <input type="checkbox"/> Delete | <b>TITLE</b><br>MGR                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>TRONGEAU, CATHY             |                                 | <b>NAME</b><br>Trongeau, Cathy             |  |
| <b>STREET ADDRESS</b><br>10138 U.S. 19     |                                 | <b>STREET ADDRESS</b><br>9735 US 19        |  |
| <b>CITY-ST-ZIP</b><br>PORT RICHEY FL 34668 |                                 | <b>CITY-ST-ZIP</b><br>Port Richey FL 34668 |  |
| <b>TITLE</b>                               | <input type="checkbox"/> Delete | <b>TITLE</b>                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                |                                 | <b>NAME</b>                                |  |
| <b>STREET ADDRESS</b>                      |                                 | <b>STREET ADDRESS</b>                      |  |
| <b>CITY-ST-ZIP</b>                         |                                 | <b>CITY-ST-ZIP</b>                         |  |
| <b>TITLE</b>                               | <input type="checkbox"/> Delete | <b>TITLE</b>                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                |                                 | <b>NAME</b>                                |  |
| <b>STREET ADDRESS</b>                      |                                 | <b>STREET ADDRESS</b>                      |  |
| <b>CITY-ST-ZIP</b>                         |                                 | <b>CITY-ST-ZIP</b>                         |  |
| <b>TITLE</b>                               | <input type="checkbox"/> Delete | <b>TITLE</b>                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                |                                 | <b>NAME</b>                                |  |
| <b>STREET ADDRESS</b>                      |                                 | <b>STREET ADDRESS</b>                      |  |
| <b>CITY-ST-ZIP</b>                         |                                 | <b>CITY-ST-ZIP</b>                         |  |
| <b>TITLE</b>                               | <input type="checkbox"/> Delete | <b>TITLE</b>                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>                                |                                 | <b>NAME</b>                                |  |
| <b>STREET ADDRESS</b>                      |                                 | <b>STREET ADDRESS</b>                      |  |
| <b>CITY-ST-ZIP</b>                         |                                 | <b>CITY-ST-ZIP</b>                         |  |

**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:** *Cathy* **727-862-8003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #