2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State
05-10-2004 90010 015 ****50.00

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1. Entity Name
EXPLORE REAL ESTATE, L.L.C.

Principal Place of Business	Mailing Address
1136 NE PINE ISLAND RD., STE #14 CAPE CORAL, FL 33909	1136 NE PINE ISLAND RD., STE #14 CAPE CORAL, FL 33909

DO NOT WRITE IN THIS SPACE

02072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3719739
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BIBB, MARILYN
4000 ROYAL MARCO WAY
UNIT 322
MARCO ISLAND, FL 34145

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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: Marilyn Bibb Manager 5/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BIBB, MARILYN
STREET ADDRESS	4000 ROYAL MARCO WAY, UNIT NO. 322
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	MGR
NAME	THIEMAN, MARILYN
STREET ADDRESS	1136 N.E. PINE ISLAND RD.
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: Marilyn Thieman 5/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #