


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L01000006489</b> 1. Entity Name <b>RE/LIANT GROUP LLC</b>	
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Principal Place of Business  
**2230 N. LOIS AVE., SUITE 704  
TAMPA, FL 33607**

Mailing Address  
**2230 N. LOIS AVE., SUITE 704  
TAMPA, FL 33607**

**DO NOT WRITE IN THIS SPACE**



02062004No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3717458**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HAYES, ROBERT L II  
2230 N. LOIS AVE., SUITE 704  
TAMPA, FL 33607**

**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 \_\_\_\_\_

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**

U00000081688  
03/08/04-80160-009.55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HAYES, ROBERT L II 2230 N. LOIS AVE., SUITE 704 TAMPA, FL 33607</b>
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IN THIS SPACE**

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:**

*Robert L Hayes II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3/5/2004 813-876-2455**

Date

Daytime Phone #