

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000007224

**FILED**  
**Jan 09, 2004**  
**Secretary of State**

**Entity Name:** S-RE, LLC

**Current Principal Place of Business:**

714 CIMARRON AVE.  
THE VILLAGES, FL 32159

**New Principal Place of Business:**

**Current Mailing Address:**

714 CIMARRON AVE.  
THE VILLAGES, FL 32159

**New Mailing Address:**

**FEI Number:** 59-3716590

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GAUL, ANDREW R  
Address: 714 CIMARRON AVE.  
City-St-Zip: THE VILLAGES, FL 32159

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANDREW R. GAUL

MGR

01/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date