


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90023 020 \*\*\*\*50.00

<b>DOCUMENT # L01000007374</b> 1. Entity Name <b>SANIBEL ONE REALTY, LLC</b>					
Principal Place of Business 1633 PERIWINKLE WAY, SUITE G SANIBEL, FL 33957			Mailing Address 1633 PERIWINKLE WAY, SUITE G SANIBEL, FL 33957		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03242004 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>65-1100110</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROGUSKA, BRENDA R</b> <b>15031 PUNTA RASSA ROAD, SUITE 204</b> <b>FORT MEYERS, FL 33908</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCKLEY, BRENT M 927 ALMAC CT SANIBEL, FL 33957			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROGUSKA, BRENDA R 15031 PUNTA RASSA RD #204 FORT MYERS, FL 33908			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROGUSKA, BRENDA R 15031 PUNTA RASSA RD #204 FORT MYERS, FL 33908			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROGUSKA, BRENDA R 15031 PUNTA RASSA RD #204 FORT MYERS, FL 33908			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROGUSKA, BRENDA R 15031 PUNTA RASSA RD #204 FORT MYERS, FL 33908			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROGUSKA, BRENDA R 15031 PUNTA RASSA RD #204 FORT MYERS, FL 33908			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROGUSKA, BRENDA R 15031 PUNTA RASSA RD #204 FORT MYERS, FL 33908			<input type="checkbox"/> Delete	
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.					
<b>SIGNATURE:</b> <i>Linda R Roguska</i>				4/15/04 239-395-2610	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					