2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

	ALTIUM II				,			
DOCUMENT # L01000009629 1. Entity Name					Can Con Con			
TOTAL RE	EAL ESTATE DEVELOPMEN	NT, LLC			04 APR 30	PĦ 12: 2	0	
Principal Place of Business Mailing Address					SECRETAR'	Y DE STAT	TF	
= 1	LOUISA ROAD	P.O.BOX 120550 CLERMONT FL 34712		SECRETARY TALLAHASS	EE.FLOR	İĎA		
	#						ANT 1011 (128 AT	
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.		MOORE	CR2E083			
City & State		City & State			4. FEI Number 59-37259		Not	olied For Applicable
- Zip	Country	Zip	Country		5. Certificate of Status Desire		\$5.00 Addi Fee Required	
	6. Name and Address of Current	Registered Agent	1		7. Name and Address of Ne			
Name -							. . .	
JAKOB, KEVIN E JR. 10429 LAKE LOUISA ROAD CLERMONT FL 34771				Address (ddress (P.O. Box Number is Not Acceptable)			
, *			City			FL	Zip Code	;
	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	egistered office	or registe	red agent, or both, in the State o	f Florida. I am f	iamiliar with, a	and accept
SIGNATURE .								
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE								
					Ì			
Make Check Payable to Florida Department Due By May 1, 2004					Int of State			
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9. TITLE	MANAGING MEMB	Delete	10.	T	ADDITIO	NO/ CHANGES	Change	Addition
NAME :	JAKOB, KEVIN E	Collete	NAMÉ		•			
STREET ADDRESS	10429 LAKE LOUISA ROAD		STREET ADDRES	is				
CITY-ST-ZIP	CLERMONT FL 34771		CITY-ST-ZIP					
TITLE	MGR	☐ Delete	TITLE		0000362 05/14/0401030	12801	- Change	Addition .
NAME	AGARD-RYAN, LINDA		NAME		05/14/04==01050	:UUI #	*300.00	
1	17312 SUMMER SUN CT.		STREET ADDRES	SS				-
CITY-ST-ZIP	CLERMONT FL 34711			-			Change	Addition
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STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	STREET ADDRES					Ì
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STREET ADDRESS			STREET ADDRE	SS			い	
C'T ZIP			CITY-ST-ZIP					
by	certify that the information supplied with on this report is true and accurate an	ith this filing does not qualify for nd that my signature shall have	the exemption	stated in Seffect as if	Section 119.07(3)(i), Florida Statu made under oath: that I am a m	tes. I further ce	rtify that the in er or manage	nformation er of the
* I	d on this report is true and accurate ar ability company or the receiver or trus	ee empowered to execute this	report as requir	ed by Cha	ipter 608, Florida Statutes.			

URE: 4-26-04 352 394-423
ASSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dale Dayture Phone #