

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000010619

1. Entity Name
RESIDENTIAL INNOVATIONS, L.C.



Principal Place of Business
**2000 E. EDGEWOOD DRIVE, SUITE 214
LAKELAND, FL 33803**

Mailing Address
**2000 E. EDGEWOOD DRIVE, SUITE 214
LAKELAND, FL 33803**



01202004 No Chg.-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3745094

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RODDA, JOHN A
2128 E. EDGEWOOD DR, #109
LAKELAND, FL 33803**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
RODDA, JOHN A
2128 E. EDGEWOOD DR #109
LAKELAND, FL 33803**

TITLE
NAME
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05/06/04-80041-013 55.00

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: _____

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

Date

Daytime Phone #

5/5/04 863-669-0990