## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Jun 06, 2005 8:00 am **Secretary of State** DOCUMENT # L01000011613 1. Entity Name 06-06-2005 90559 047 \*\*\*\*50.00 INTERNATIONAL REALTY PLUS +. LLC Principal Place of Business Mailing Address 2451 MCMULLEN BOOTH RD CLEARWAYER FL 33759 3178 HYDE PARK DRIVE CLEARWATER FL 33761-1810 2. Principal Place of Business 670 2nd 5 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number City & State Applied For 59-3734556 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODGERS, RUSSELL W Street Address (P.O. Box Number is Not Acceptable) 3178 HYDE PARK DRIVE **CLEARWATER FL 33761-1810** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME RODGERS, RUSSELL W NAME STREET ADDRESS 3178 HYDE PARK DR STREET ADDRESS CLEARWATER FL 33761 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition COCHRAN, DANIEL NAME NAME 2451 MCMULLEN BOOTH RD. STREET ADÖRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33759 CITY-ST-ZIP ☐ Delete [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY+SI-7IP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 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 tree and accurate and that my signature shall be the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED