2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000022416

1. Entity Name

WARE FAMILY REALTY, LLC

Principal Place of Business

522 PARK STREET JACKSONVILLE; FL 32204

Mailing Address

522 PARK STREET JACKSONVILLE, FL 32204

FILED Mar 12, 2004 8:00 am Secretary of State

03-12-2004 90237 001 ***100.00



02112004 No Chg-LLC

CR2E083 (10/03)

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4.	FEI Number				Applied For
	26-0046918				Not Applicable
		 	 -	 	

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LINDELL, J. MICHAEL ESQUIRE 12276 SAN JOSE BLVD, STE 126 JACKSONVILLE, FL 32223

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	-		,							
8. The above the obligat	named entity submits this statement for the purpose of changions of registered agent.	ging its registered	office or registered agent, or both, in the Sta	te of Florida. I am familiar with; and accept						
SIGNATURE										
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered /	d Agent signature required when reinstating) - DATE							
Fi D	iling Fee is \$50.00 ue by May 1, 2004									
9.	MANAGING MEMBERS/MANAGERS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARE, WALTER E SR 522 PARK STREET JACKSONVILLE, FL 32204									
TITLE NAME STREET ADDRESS CITY-ST-2 P										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•							

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:

TITLE

STREET ADDRESS CITY-ST-ZIP

Osbbie Dovic

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

2/25/04

904 354-0282