

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L020000Q1394

1. Entity Name

SECURITY CAPITAL OF FLORIDA, LLC



Principal Place of Business

13524 ROSEWOOD LANE
NAPLES, FL 34119

Mailing Address

P.O. BOX 110448
NAPLES, FL 34108



06302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

80-0028651

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

FEINSTEIN, ERIC
13524 ROSEWOOD LANE
NAPLES, FL 34119

**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 September 8, 2004

U00000171082
08/30/04-80002-010 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE VS
NAME FEINSTON, KATHY
STREET ADDRESS 13524 ROSEWOOD LANE
CITY - ST - ZIP NAPLES, FL 34119

TITLE PT
NAME FEINSTEIN, ERIC
STREET ADDRESS 13524 ROSEWOOD LANE
CITY - ST - ZIP NAPLES, FL 34119

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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

8-17-04 (239) 596-3440

Date

Daytime Phone #