## \* 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State** 02-18-2004 90099 006 \*\*\*\*50.00 DOCUMENT # L02000008258 205 REALTY CO., L.L.C. Principal Place of Business Mailing Address P.O. BOX 8552 P.O. BOX 8552 CORAL SPRINGS, FL 33075 CORAL SPRINGS, FL 33075 CR2E083 (10/03) 01232004 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1866742 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PETER J SCHWEITZER & ASSOCIATES 4982 W. ATLANTIC BLVD. 4996 W ATLANTIC BLVD. DO NOT WRITE MARGATE, FL 33063 IN THIS SPACE withis 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 8. The above named ent the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE MGR SCHWEITZER, PETER J NAME STREET ADDRESS P.O. BOX 8552 CITY-ST-7IP CORAL SPRINGS, FL 33075 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. Thereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** Feb 18, 2004 8:00 am