

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000013773

1. Entity Name

REAL ESTATE INVESTORS FINANCIAL SERVICES LLC



FILED

2004 DEC -1 PM 1:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



MOORE

CR2E083 (4/04)

Principal Place of Business

4448 SW 51 STREET
#B
FORT LAUDERDALE FL 33314

Mailing Address

4448 SW 51 STREET
#B
FORT LAUDERDALE FL 33314

2. Principal Place of Business

3831 Country Bend E.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE LAND, FL

City & State

Zip

Country

33811

USA

4. FEI Number

68-0506805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KACHEL, ARTHUR
4448 SW 51 STREET
FT. LAUDERDALE FL 33314

7. Name and Address of New Registered Agent

Name ARTHUR KACHEL

Street Address (P.O. Box Number is Not Acceptable)

3831 COUNTRY BEND EAST

City

LAKE LAND, FL

FL

Zip Code

33811

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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME RACHEL, STEWART
STREET ADDRESS 314
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR
NAME ARTHUR KACHEL
STREET ADDRESS 3831 COUNTRY BEND EAST
CITY-ST-ZIP LAKE LAND, FL 33811

TITLE
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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:

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

Date

Daytime Phone #

REINSTATEMENT

8-29-04