

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 20, 2004 8:00 am
Secretary of State

04-30-2004 90075 050 ****50.00

DOCUMENT # L02000014604

1. Entity Name
RETIREMENT MANAGEMENT PROPERTIES LLC



Principal Place of Business
**2500 3RD AVENUE NORTH, #5
ST. PETERSBURG, FL 33713**

Mailing Address
**2500 3RD AVENUE NORTH, #5
ST. PETERSBURG, FL 33713**

34006965



04232004 No Chg-LLC

CP2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0133965

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBINETTE, TOM
10821 EARHART DRIVE
NEW PORT RICHEY, FL 34654**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MULUAL REAL ESTATE INC
2500 3RD AVE. N. #5
SAINT PETERSBURG, FL 33713**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Thomas Callen as Agent* 5-11-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*Pres. of Mutual Real Estate Inc.
as Manager*