2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017966

1. Entity Name
REST ASSURED PROPERTY MANAGEMENT, LLC

Principal Place of Business	Mailing Address
5326 HARMONY PLACE KISSIMMEE, FL 34758	5326 HARMONY PLACE KISSIMMEE, FL 34758

DO NOT WRITE IN THIS SPACE

09082004No Chg-LLC CR2E083 (10/03)

4. FEI Number
42-1544183
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, JOHN L ESQ.
1322 S.E. THIRD AVENUE
FORT LAUDERDALE, FL 33316

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

U00000172489
09/24/04-80001-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RODGERS, DWAIN R
STREET ADDRESS	5326 HARMONY PLACE
CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dwain Rodgers, Dwain Rodgers 9/10/04 407/619/6922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #