

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000025170

1. Entity Name
RICHLYN REAL ESTATE INVESTMENT, L.L.C.



Principal Place of Business
**2615 ARDOR LANE
ORANGE CITY, FL 32763**

Mailing Address
**2615 ARDOR LANE
ORANGE CITY, FL 32763**



02242004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LONG, RICHARD A
2615 ARDOR LANE
ORANGE CITY, FL 32763**

**DO NOT WRITE
IN THIS SPACE**

6. 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 May 1, 2004**

000000072575
03/01/04-80116-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LONG, RICHARD
STREET ADDRESS	2615 ARDOR LANE
CITY - ST - ZIP	ORANGE CITY, FL 32763
TITLE	MGRM
NAME	LONG, LINDA M
STREET ADDRESS	2615 ARDOR LANE
CITY - ST - ZIP	ORANGE CITY, FL 32763
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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:

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

Date

Daytime Phone #

Richard A Long 2/27/04 386-804-4890