



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90331 017 ****55.00

DOCUMENT # L02000025778					
1. Entity Name PITMAN ESTATES, LLC					
Principal Place of Business 636 NORTH RIO GRANDE AVENUE ORLANDO, FL 32805			Mailing Address 636 NORTH RIO GRANDE AVENUE ORLANDO, FL 32805		
2. Principal Place of Business 1100 Town Plaza Ct. Suite, Apt. #, etc. Suite 2010 City & State Winter Springs, FL Zip 32708		3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country Seminole			
01092004 Chg-LLC CR2E083 (10/03)		4. FEI Number 04-3714790		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent HAGEN, DEBORAH D 636 NORTH RIO GRANDE AVENUE ORLANDO, FL FL			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGEN, DEBORAH D 1335 MYRTLE DRIVE LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, LARRY 800 WESTWOOD SQUARE, SUITE E OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____			Date _____ Daytime Phone # _____		