

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000026939

**FILED**  
**Jun 30, 2004**  
**Secretary of State**

**Entity Name:** FLORIDA REAL ESTATE FINDER, L.L.C.

**Current Principal Place of Business:**

960 ALAMEDA DR  
LONGWOOD, FL 32750

**New Principal Place of Business:**

12610 WINFIELD SCOTT BOULEVARD  
ORLANDO, FL 32837

**Current Mailing Address:**

960 ALEMEDA DR  
215 CELEBRATION PLACE, STE. 170  
LONGWOOD, FL 32750

**New Mailing Address:**

12610 WINFIELD SCOTT BOULEVARD  
ORLANDO, FL 32837

**FEI Number:** 48-1279330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INCORPORATE USA, INC.  
3150 SANDY RIDGE DR.  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

CHASTANG, FERRELL, SIMS, & EISERMAN  
215 CELEBRATION DRIVE, SUITE 170  
CELEBRATION, FL 34747 US

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.

SIGNATURE: MIA THOMAS

06/30/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: FISHER, DAVID  
Address: 960 ALAMEDA DR  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FISHER, DAVID S  
Address: 12601 WINFIELD SCOTT BOULEVARD  
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID S. FISHER

MGR

06/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date