

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029106

Entity Name: REMAXCO, L.L.C.

FILED
Apr 09, 2004
Secretary of State

Current Principal Place of Business:

433 FOUNTAINHEAD CIRCLE 285
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

433 FOUNTAINHEAD CIRCLE 285
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 32-0040403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMARA, JOLENE KAY
433 FOUNTAINHEAD CIRCLE 285
KISSIMMEE, FL 34741

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SAMARA, ABDERRAHMAN Y
Address: 433 FOUNTAINHEAD CIRCLE 285
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM () Delete
Name: SAMARA, JOLENE KAY
Address: 433 FOUNTAINHEAD CIRCLE 285
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOLENE KAY SAMARA

MGRN

04/09/2004

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