

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001098

FILED
Apr 05, 2004
Secretary of State

Entity Name: MID-FLORIDA REAL ESTATE SOLUTIONS, LLC

Current Principal Place of Business:

815 ORIENTA AVE.
106-A
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

118 WEST ORANMGE STREET
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

815 ORIENTA AVE.
106-A
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

118 WEST ORANGE STREET
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 42-1568658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYER, PAUL V
815 ORIENTA AVE.
106-A
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

MOYER, PAUL V
118 WEST ORANGE STREET.
ALTAMONTE SPRINGS, FL 32714 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:

04/05/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: WEST, BRUCE A
Address: 349 PLANTATION CLUB DR
City-St-Zip: DEBARRY, FL 32713 US

Title: MGRM () Change (X) Addition
Name: MOYERL, PAUL V
Address: 4437 FOX STREET
City-St-Zip: ORLANDO, FL 32814 US

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: PAUL V MOYER

MGRM

04/05/2004

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