

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90128 031 ****50.00

DOCUMENT # L03000001876

1. Entity Name

WISE REALTY LLC



Principal Place of Business

**605 WATERFORD CIRCLE EAST
TARPON SPRINGS FL 34688**

Mailing Address

**605 WATERFORD CIRCLE EAST
TARPON SPRINGS FL 34688**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0717475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRIGHT, SHARON
605 WATERFORD CIRCLE EAST
TARPON SPRINGS FL 34688**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **ELIYAHU, ITZHAK**
STREET ADDRESS **9249 NAGLE AVENUE**
CITY-ST-ZIP **MORTON GROVE IL 60053**

TITLE **MGRM** ☒ Change ☒ Addition
NAME **ROBERT E WRIGHT**
STREET ADDRESS **605 WATERFORD CIRCLE EAST**
CITY-ST-ZIP **TARPON SPRINGS, FL 34688**

TITLE **MGRM** ☐ Delete
NAME **WRIGHT, SHARON**
STREET ADDRESS **646 WEST BITTERSWEET PLACE #5**
CITY-ST-ZIP **CHICAGO IL 60613**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *X Sharon Wright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #