2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # L03000004154 1. Entity Name 04-29-2004 90081 031 ****50.00 REAL ESTATE DOCTOR, LLC Principal Place of Business 3281 CROSSINGS COURT, UNIT D-101 ONEIDA SPRINGS FL 34134 3281 CROSSINGS COURT, UNIT D-101 ONEIDA SPRINGS FL 34134 BritA Borita 2. Principal Place of Business 3. Mailing Address 3281 Crossings 10490VIA Balestri Suite, Apt. #, etc. CR2E083 (11/03) 4. FEI Number - 0552449 City & State Applied For HIROMAR LAKES Not Applicable \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Karen D. Bothwell Tenancy In Common Street Address (P.O. Box Number is Not Acceptable) Mary - Hands Notherner 3281 Crussings Court DIOI DICKENSON, BLAINE C 712 U.S. HIGHWAY ONE, STE 400 NORTH PALM BEACH FL 33408 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. re, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature (aguired when reinstating) enstered age FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TENANCY INCOUNCY MANAGING MEMBER/MGR TITLE ☐ Change ☐ Delete CAREN BOTH WELL NAME NAME 3281 CROSSINGS CT. 34134 BONITA SPRINGS, FL 34134 STREET ADDRESS STREET ADDRESS ROBERT B. BOTHWELL MEMBERTHANGE CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME 3281 CROSSINGS CT. STREET ADDRESS STREET ADDRESS BonitA SPRINGS, FL. 34134 CITY_ST_ZIP CITY_ST_7IP TITLE WANTEMBER ___Change_ TITLE Detete HARRY HEMPHILL 345 OCEAN DR #706 NAME NAME STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL. 33139 CITY-ST-ZIP CITY-ST-ZIP MANAGING MEMBER TITLE ☐ Change **Addition** TITLE ☐ Delete MARIE TODORO NAME NAME GII CHAIR FACTORY RD. STREET ADDRESS STREET ADDRESS EMA, N.Y. 14059 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED