2004 LIMITED LIABILITY COMPANY

FILED May 17, 2004 8:00 am

					₁ Secretary of State		
DOCUMENT # L03000005955				2	04-29-2004 90066 001 ****50.00		
1. Entity Name ORMOND BEACH REALTY PARTNERS, LLC					5. <u>2</u> 5 <u>2</u> 65 . 5600		
COMMOND BEACH REALIT PARTNERS, LLC			The second				
	•		V	9			
Principal Place of Business Mailing Address		_					
104 N. CHURCH ST. Kissimmee, Fl. 34741		. 104 N. CHURCH ST. KISSIMMEE, FL 34741			34006531		
MOSHBIALL, IL 34741		MODHERUL, FL 34/41	•				
2. Principal Place of Business		3. Mailing Address					
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Suite, Apt. #, etc		Suite, Apt. #; etc.		01092	004 Chg-LLC CR2	E083 (10/03)	
City & State		City & State		4. FEI)	kımber	Applied For	
				6	(0-0031221	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
Name							
MARK, BR 104 N. CH		Street Add	Street Address (P.O. Box Number is Not Acceptable)				
KISSIMMEE, FL 34741							
			City	City FL Zip Code			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE							
Signature, typed or printed name of registered agent and bite if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Ellion Foe le \$50.00					Make sheet	payable to	
Filing Fee is \$50.00 Due by May 1, 2004						iment of State	
9.	MANAGING MEMBE	ERS/MANAGERS	10.		ADDITIONS/CHANG	FQ	
TITUE	MGRM	Delete	TITLE		ADDITIONS/ CHANG	Change Addition	
NAME	CAWAL, MAX		NAME				
STREET ADDRESS CITY-ST-ZIP	104 N. CHURCH ST. KISSIMMEE, FL 34741		STREET ADORESS CITY-ST-ZIP				
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CITY-ST-ZIP' A		1999 1 <u>19</u> 99	CITY-ST-ZIP				
TITLE		Delete	TITLE			☐ Change ☐ Addition	

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 and receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: LALL LAGE DAULD COOPER
SIGNATURE AND TYPED OR PRINTED HIME OF BIGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP

4/27

Date