

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-03-2004 90050 006 ****50.00

DOCUMENT # L03000006345 1. Entity Name ROYAL INVESTMENTS, LLC					
Principal Place of Business 9530 122ND STREET LIVE OAK, FL 32060 US			Mailing Address 9530 122ND STREET LIVE OAK, FL 32060 US		
2. Principal Place of Business 12431 County Road 49 Suite, Apt. #, etc.		3. Mailing Address 12431 County Road 49 Suite, Apt. #, etc.			
City & State LIVE OAK FLORIDA		City & State LIVE OAK FLORIDA		4. FEI Number 30-0225453	
Zip 32060		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STEFANIK, ALAN 9530 122ND STREET LIVE OAK, FL 32060			7. Name and Address of New Registered Agent Name ALAN STEFANIK Street Address (P.O. Box Number is Not Acceptable) 12431 County Road 49 City LIVE OAK FL Zip Code 32060		
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 ALAN STEFANIK <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 1-25-04 <small>(NOTE: Registered Agent signature required when renewing)</small>		
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ALAN STEFANIK 12431 CR 49 LIVE OAK FL 32060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: ALAN STEFANIK <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1-25-04 Daytime Phone # 586-362-3032		

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