


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000009886 1. Entity Name REMORA INVESTORS, LLC |  |
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|---|---|
| Principal Place of Business 605 E. ROBINSON STREET SUITE 420 ORLANDO, FL 32801 | Mailing Address 605 E. ROBINSON STREET SUITE 420 ORLANDO, FL 32801 |
|---|---|



02222005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 30-0159225 | Applied For Not Applicable |
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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent STRICKLAND, BLAINE 605 E. ROBINSON STREET SUITE 420 ORLANDO, FL 32801 |
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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR STRICKLAND, BLAINE 605 E. ROBINSON STREET, STE 420 ORLANDO, FL 32801 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SPAETH, JAMES D 605 E. ROBINSON STREET, STE 420 ORLANDO, FL 32801 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JAMISON, ELLIOTT C 605 E. ROBINSON STREET, STE 420 ORLANDO, FL 32801 |
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03/07/05-80021-022 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Blaine Strickland 3/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #