


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-13-2004 90056 037 ****55.00

DOCUMENT # L03000012218 1. Entity Name THE REAL ESTATE STORE OF CENTRAL FLORIDA, LLC					
Principal Place of Business 1558 ROYAL CIRCLE APOPKA, FL 32703			Mailing Address 1558 ROYAL CIRCLE APOPKA, FL 32703		
2. Principal Place of Business 2301 Lee Rd.		3. Mailing Address 1558 Royal Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Winter Park FL.		City & State APOPKA FL. FL		4. FEI Number 030519548	
Zip 32789		Country ORANGE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32703		Country Seminole		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CANNON, WILLIAM C JR 1558 ROYAL CIRCLE APOPKA, FL 32703			7. Name and Address of New Registered Agent 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 <u>William Cannon Jr</u> <u>William C. Cannon Jr.</u> <u>Reg Agent/mgr</u> <u>7/7/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANNON, WILLIAM C JR 1558 ROYAL CIRCLE APOPKA, FL 32703	<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			
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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: <u>William Cannon Jr</u> <u>William C. Cannon Jr</u> <u>7/7/04</u> <u>407-947-</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					