2004-LIMITED-LIABILITY-COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR

FILED Feb 09, 2004 8:00 am Secretary of State **DOCUMENT # L03000013864** 1. Entity Name 02-09-2004 90186 026 ****50.00 PROFFITT REALTY, LLC Principal Place of Business Mailing Address 5550 26TH STREET WEST, STE. 6 BRADENTON FL 34207 4614 26TH STREET WEST **BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address 4614 26th ST Suite, Apt. #, etc. CR2E083 (11/03) City & State City & State Applied For 4. FEI Number 90-6069326 Not Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired MANATER Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name to chaple . LIMON, SHAUN J D.P.M. Street Address (P.O. Box Number is Not Acceptable) 5550 26TH STREET WEST, STE. 6 **BRADENTON FL 34207** Rulenton 8. The above named entity submits this state ent 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, typed or printed name ered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE TITLE Delete Addition NAME LIMON, SHAUN J D.P.M. NAME STREET ADDRESS 5550 26TH STREET WEST, STE. 6 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34207** CITY-ST-ZIP MGR TITLE ☐ Delete TITLE NAME LIMON, LISA M D.P.M. NAME 5550 26TH STREET WEST, STE. 6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34207** TITLE ☐ Change TITLE Delete ☐ Addition 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 TITLE Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP it this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 tee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplindicated on this report is true and acceptable. limited liability company or the receiv

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE