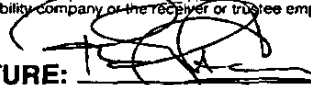


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-29-2004 90081 004 ****50.00

DOCUMENT # L03000016734 1. Entity Name RELIABLE CLOSINGS OF FLORIDA, LLC			
Principal Place of Business 11870 WEST STATE RD 84 C5 DAVIE, FL 33325		Mailing Address 11870 WEST STATE RD 84 C5 DAVIE, FL 33325	
2. Principal Place of Business 201 RACQUET CLUB RD		3. Mailing Address 201 RACQUET CLUB RD	
Suite, Apt. #, etc. S128		Suite, Apt. #, etc. S128	
City & State WESTON, FL		City & State WESTON, FL	
Zip 33326		Zip 33326	
Country USA		Country USA	
4. FEI Number 56-2364974		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CACERES, RODOLFO J 5446 NW 204 ST MIAMI, FL 33055		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
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 President NAME RODOLFO J. CACERES STREET ADDRESS 201 RACQUET CLUB RD. S#128 CITY-ST-ZIP WESTON, FL. 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		RODOLFO J. CACERES	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 4-16-04 Daytime Phone # (954) 650-7463	

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04192004 Chg-LLC CR2E083 (10/03)