

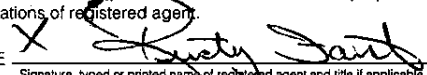
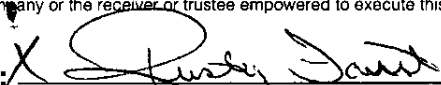


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90495 027 \*\*\*\*50.00

<b>DOCUMENT # L03000016836</b> 1. Entity Name <b>FARST REAL ESTATE HOLDINGS, LLC</b>						
Principal Place of Business <b>695 TARPON BAY ROAD #5 C/O FLORIDA 1031 COMPANY SANIBEL ISLAND, FL 33957</b>			Mailing Address <b>695 TARPON BAY ROAD #5 C/O FLORIDA 1031 COMPANY SANIBEL ISLAND, FL 33957</b>			
2. Principal Place of Business <b>3784 COQUINA DR</b>		3. Mailing Address <b>3784 COQUINA DR</b>				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03192004 Chg-LLC CR2E083 (10/03)		
City & State <b>SANIBEL FL</b>		City & State <b>SANIBEL FL</b>		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
Zip <b>33957</b> Country <b>USA</b>		Zip <b>33957</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>OWENS, JACQUELINE 695 TARPON BAY ROAD #5 SANIBEL ISLAND, FL 33957</b>				7. Name and Address of New Registered Agent Name <b>RUSTY FARST</b> Street Address (P.O. Box Number is Not Acceptable) <b>3784 COQUINA DR</b> City <b>SANIBEL FL</b> Zip Code <b>33957</b>		
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 <b>4-1-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OWENS, JACQUELINE 695 TARPON BAY ROAD #5 SANIBEL ISLAND, FL 33957 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUSTY FARST 3784 COQUINA DR SANIBEL FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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"/> 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"/> 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"/> 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"/> Delete			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: 				4-1-04 239494-9219		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>		