
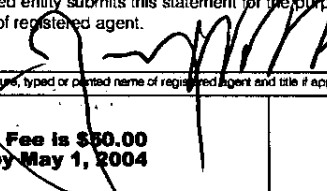
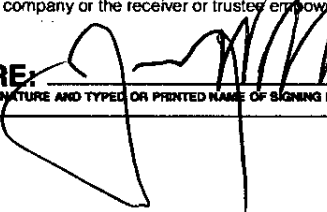


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-05-2004 90495 039 ****55.00

DOCUMENT # L03000017186					
1. Entity Name INDEPENDENT REALTY, LLC					
Principal Place of Business 301 4TH AVE. N. ST. PETERSBURG, FL 33701			Mailing Address 301 4TH AVE. N. ST. PETERSBURG, FL 33701		
2. Principal Place of Business 218 5TH AVE N. Suite, Apt. #, etc.		3. Mailing Address 218 5TH AVE N. Suite, Apt. #, etc.			
City & State ST. PETERSBURG FL		City & State ST. PETERSBURG FL		4. FEI Number 55-0830079	
Zip 33701		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, JOEL 301 4TH AVE. N. ST. PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name: JOEL WALKER Street Address (P.O. Box Number is Not Acceptable): 218 5TH AVE N. City: ST. PETERSBURG FL Zip Code: 33701		
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:  JOEL WALKER DATE: 3/31/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, JOEL <input type="checkbox"/> Delete 301 4TH AVE. N. ST. PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOWNDES, JENNIFER <input checked="" type="checkbox"/> Delete 204 37TH AVE. N. #350 ST. PETERSBURG, FL 33704		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:  JOEL WALKER			3/31/04 (727) 776-7800		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

Attachment
24034362
#L03000017186

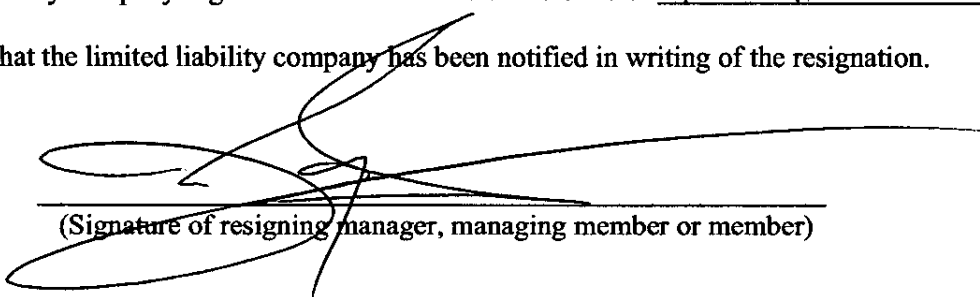
RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, JENNIFER LOWNDES, hereby resign as MANAGING MEMBER
(Title)

of INDEPENDENT REALTY, LLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA,

and affirm that the limited liability company has been notified in writing of the resignation.


(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314