2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-11-2004 90209 028 ****50.00

DOCUMENT # L03000018496

1. Entity Name
EGRET REAL ESTATE GROUP, LLC

Principal Place of Business	Mailing Address
7075 PLACIDA ROAD, SUITE 204 ENGLEWOOD, FL 34224	7075 PLACIDA ROAD, SUITE 204 ENGLEWOOD, FL 34224

01312004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
7075 PLACIDA RD	7075 PLACIDA RD
Suite, Apt. #, etc.: SUITE 104	Suite, Apt. #, etc.: SUITE 104
City & State: ENGLEWOOD FL	City & State: ENGLEWOOD FL
Zip: 34224 Country: USA	Zip: 34224 Country: USA

4. FEI Number: 04-3757952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ITTERSAGEN, SCOTT D ESQ.
1861 PLACIDA ROAD, SUITE 204
ENGLEWOOD, FL 34223-4949

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIMOTHY FITZSIMMONS 7075 PLACIDA RD. STE 104 ENGLEWOOD FL 34224 ☐ 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
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: Timothy Fitzsimmons 2/6/04 941-697-6616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

TIMOTHY FITZSIMMONS