

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018845

Entity Name: RESPA COMPLIANT, LLC

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

2431 ALOMA AVENUE, SUITE 255
WINTER PARK, FL 32792

New Principal Place of Business:

2431 ALOMA AVENUE
SUITE 255
WINTER PARK, FL 32792

Current Mailing Address:

2431 ALOMA AVENUE, SUITE 255
WINTER PARK, FL 32792

New Mailing Address:

2431 ALOMA AVENUE
SUITE 255
WINTER PARK, FL 32792

FEI Number: 72-1564586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAZQUEZ, H. WILLIAM ESQ.
2500 MAITLAND CENTER PARKWAY, SUITE 105
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

VAZQUEZ, H. WILLIAM ESQ.
2500 MAITLAND CENTER PARKWAY
SUITE 105
MAITLAND, FL 32751 US

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.

SIGNATURE:

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: DEL ORBE, JOSEPH MR.
Address: 2431 ALOMA AVENUE, SUITE 255
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM () Change (X) Addition
Name: MANOLOV, IVAILO MR.
Address: 2431 ALOMA AVENUE, SUITE 255
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSEPH DEL ORBE

MR.

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date