


**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90007 009 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L03000021277</b>			
1. Entity Name SOUTH FLORIDA REALTY GROUP, LLC			
Principal Place of Business 474 CAPISTRANO DR. PALM BEACH GARDENS, FL 33410		Mailing Address 474 CAPISTRANO DR. PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business		3. Mailing Address 153 Isle Verde Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Palm Beach Gardens FL	
Zip	Country	Zip 33418	Country FL
4. FEI Number 81-0642032		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, GREGORY R 712 U.S HIGHWAY ONE STE. 400 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name: Kelley Herrmann Street Address (P.O. Box Number is Not Acceptable) 153 Isle Verde Way City: Palm Beach Gardens FL Zip Code: 33418	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (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	President Kelley Herrmann 153 Isle Verde Way Palm Beach Gardens, FL 33418 <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
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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: <u>Kelley Herrmann</u>		Date: <u>4/20/04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

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