

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021381

FILED  
Apr 24, 2004  
Secretary of State

**Entity Name:** DOLLAR REALTY SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

422 FLEMING STREET  
SUITE 12  
KEY WEST, FL 33042 US

**New Principal Place of Business:**

2801 PONCE DE LEON BLVD  
9TH FLOOR  
CORAL GABLES, FL 33133 US

**Current Mailing Address:**

PO BOX 420205  
SUMMERLAND KEY, FL 33042 US

**New Mailing Address:**

FEI Number: 20-0463323      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAKER, JAMES M  
51 SAWYER DRIVE  
CUDJOE KEY, FL 33042 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: BAKER, JAMES M  
Address: 51 SAWYER DRIVE  
City-St-Zip: CUDJOE KEY, FL 33042 US

Title: MGR ( ) Delete  
Name: KEYSWIDE, INC,  
Address: 25000 OVERSEAS HIGHWAY, SUITE 4  
City-St-Zip: SUMMERLAND KEY, FL 33042 US

Title: MGR ( ) Delete  
Name: LARSON, MICHAEL A  
Address: P.O. BOX 4013  
City-St-Zip: KEY WEST, FL 33041 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES M. BAKER

MGR

04/24/2004

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