
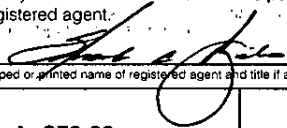
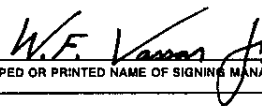


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90207 028 ****55.00

DOCUMENT # L03000025083					
1. Entity Name REALTY TRUST, LLC					
Principal Place of Business 602 N.W. 23RD AVENUE GAINESVILLE, FL 32609			Mailing Address P.O. BOX 358515 GAINESVILLE, FL 32635-8515		
2. Principal Place of Business 2830 NW 41 St.			3. Mailing Address		
Suite, Apt. #, etc. Unit D			Suite, Apt. #, etc.		
City & State			City & State		
Zip 32606	Country	Zip	Country	4. FEI Number 54-2118033	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VASSAR, W.F. JR. 602 N.W. 23RD AVENUE GAINESVILLE, FL 32609			7. Name and Address of New Registered Agent Name Stuart C. Angelo Street Address (P.O. Box Number is Not Acceptable) 201 E. Kennedy Blvd. Suite 1620 City Tampa FL Zip Code 33602		
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  STUART C. ANGELO JAN 13 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 VASSAR, W.F. JR TRST 602 N.W. 23RD AVENUE GAINESVILLE, FL 32609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2830 N.W. 41 St. Unit D 32606	<input checked="" 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
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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:  W.F. Vassar, Jr. 1/7/04 352/335-2001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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01052004 Chg-LLC CR2E083 (10/03)