2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/13/2004-90133-019-$50.00-$50.00

FILED
04 OCT 18 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000031225

1. Entity Name
REALTY INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
4721 S.W. LONG BAY DRIVE PALM CITY, FL 34990	4721 S.W. LONG BAY DRIVE PALM CITY, FL 34990

08262004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
100 OCEAN TRAIL WAY	100 OCEAN TRAIL WAY
Suite, Apt. #, etc.: #202	Suite, Apt. #, etc.: #202
City & State: JUPITER FL	City & State: JUPITER FL
Zip: 33477 Country: USA	Zip: 33477 Country: USA

4. FEI Number: 34-2020094 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLLINGUE, EUGENE F JR. 11780 U.S. HIGHWAY #1, SUITE 300 C/O HAILE, SHAW & PFAFFENBERGER, P.A. NORTH PALM BEACH, FL 33408	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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILTON, WILLIAM D 4721 S.W. LONG BAY DRIVE PALM CITY, FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILTON, WILLIAM D 100 OCEAN TRAIL WAY #202 JUPITER, FC 33477 ☑ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/27 ☐ 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: Bill Bilton 9/7/04 561-721-5889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #