

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-17-2004 90196 024 ****55.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L03000032678

1. Entity Name

FLORIDA HOME REALTY, LLC



Principal Place of Business

1177 S.E. THIRD AVENUE
FT. LAUDERDALE FL 33316

Mailing Address

1177 S.E. THIRD AVENUE
FT. LAUDERDALE FL 33316

34001489



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
32-0089921

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESQ.
1177 S.E. THIRD AVENUE
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name RON DONOFRIO

Street Address (P.O. Box Number is Not Acceptable)

10200 ST. RD 84

SUITE 107

City DAVIE

FL

Zip Code 33324

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 re-registering)

DATE

RON DONOFRIO 2-4-04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DONOFRIO, RONALD
STREET ADDRESS 11185 N.W. 2ND COURT
CITY-ST-ZIP CORAL SPRINGS FL 33071

☐ Delete

TITLE MGRM
NAME RAVENNA, RICARDO R
STREET ADDRESS 16260 SOUTH POST ROAD, APT. 104
CITY-ST-ZIP WESTON FL 33331

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: RICARDO R. RAVENNA

02/04/2004

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #