


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State

05-05-2004 90007 010 ****55.00
 06-28-2004 90094 002 ****5.00

DOCUMENT # L03000034530

1. Entity Name
RALPH ARMSTEAD, LLC



Principal Place of Business
**511 WEST SOUTH STREET, SUITE 10
 ORLANDO, FL 32805**

Mailing Address
**511 WEST SOUTH STREET, SUITE 10
 ORLANDO, FL 32805**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04302004 Chg-LLC CR2E083 (10/03)

4. FEI Number
03-0526985

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARMSTEAD, RALPH
511 WEST SOUTH STREET, SUITE 10
ORLANDO, FL 32805

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARMSTEAD, RALPH 511 WEST SOUTH STREET, SUITE 10 ORLANDO, FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Ralph Armstead* **4/30/04** **407-481-2392**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
Ralph Armstead, LLC
Attorney & Counselor at Law

14024438
#LD3000034530

June 23, 2004

Division of Corporations
P. O. Box 6478
Tallahassee, Florida 32314

RE: RALPH ARMSTEAD, LLC

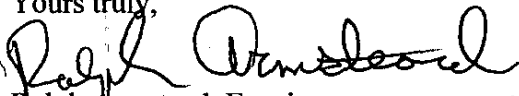
Dear Reports Section Staff:

Per your letter of May 10, 2004, the original of which is enclosed herein, please find the required information per Block 4 of my annual report completed as requested.

I am taking the liberty to enclose a \$5.00 check for a Certificate of Status if that is required. If not, please return the same accordingly.

If further information is needed, please advise me of the same.

Yours truly,



Ralph Armstead, Esquire
511 West South Street, Suite 210
Orlando, FL 32805
(407) 481-2322
(407) 481-2722 — Facsimile