## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State** DOCUMENT # L03000036935 04-30-2004 90062 017 \*\*\*\*55 00 R.L.W. PROPERTIES, LLC Principal Place of Business Mailing Address 2414 MAHAN DRIVE 2414 MAHAN DRIVE TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business 3. Mailing Address 2228 Capital Circle N.E P.O. Box 12367 Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Cha-LLC CR2E083 (10/03) Suite 1 & 2 City & State City & State Applied For Tallahassee Tallahassee Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 2317 32308 HS 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 2414 MAHAN DRIVE TALLAHASSEE, FL 32308 City 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, 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 10. ADDITIONS/CHANGES MGR TITLE Delete TITI F ☐ Change ■ Addition NAME WHITE, RICHARD L NAME STREET ADDRESS 2414 MAHAN DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IB CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Richard L. White

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

SIGNATURE:

FILED Jun 10, 2004 8:00 am

4/29/2004

Daytime Phone #