2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000037184 1. Entity Name TRANSATLANTIC REALTY SERVICES, LLC						07-12-2004 90130 010 ****50.00				
	e of Business IERS AVENUE, SUITE D 33615	Mailing Address 7902 W. WATERS AVENUE, SUITE D TAMPA, FL 33615								
<u></u>										
2. Principal Place of Business		3. Mailing Address								
Suité, Apt. #, etc.		Suite, Apt. #, etc.				07022004	Chg-LLC	CR2E08:	3 (10/03)	
City & State		City & State			4. FEI Number	505548			plied For Applicable	
Zip	Country	Zip	Coun	try			of Status Desired		5.00 Add	itional
	6. Name and Address of Curren	t Registered Agent					Address of New R		e Required	
o. Hame and Address of Carrow regions			·	Name						
LOPEZ, EDUARDO 7902 W. WATERS AVENUE, SUITE D TAMPA, FL 33615				Street A	ddress (P	O. Box Numb	er is Not Acceptable	9)		
				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							Florida	e check pay Departmen		
9.	MANAGING MEMB	ERS/MANAGERS	S/MANAGERS 10.			· · · · · · · · · · · · · · · · · · ·	ADDITIONS		<u> </u>	N6 . 7
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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: DUANDO LODE MONT - MENGEN 72/04 8/3-349/50
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRÉSENTATIVE

Date

Date

Date

Description Pront of SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRÉSENTATIVE

Date

Date

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