

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90002 042 \*\*\*\*50.00

<b>DOCUMENT # L03000038567</b>					
<b>1. Entity Name</b> CENTRAL FLORIDA PROPERTY INVESTORS GROUP, LLC					
<b>Principal Place of Business</b> 33 N. GARDEN AVENUE, SUITE 800 CLEARWATER, FL 33755			<b>Mailing Address</b> 33 N. GARDEN AVENUE, SUITE 800 CLEARWATER, FL 33755		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08302004    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 11-3705476				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required					
<b>6. Name and Address of Current Registered Agent</b>  NEEFE, RICHARD J 6739 FIRST AVENUE SOUTH ST. PETERSBURG, FL 33707			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL    Zip Code</span>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN-HALL, TRACY 240 GEORGIA AVENUE, BOX 318 CRYSTAL BEACH, FL 34681	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, SCOTT 240 GEORGIA AVENUE, BOX 318 CRYSTAL BEACH, FL 34681	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCURIS, KOSTA 200 DOLPHIN POINT #101 CLEARWATER BEACH, FL 33767	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLUSHKO, DAMIEN 4510 ALMARK DRIVE ORLANDO, FL 32839	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOUKLIAS, GEORGE 169 FOX CROFT DRIVE PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN-HALL, TRACY 33 N. GARDEN AVENUE, SUITE 800 CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, AXHIRA 33 N. GARDEN AVENUE, SUITE 800 CLEARWATER, FL 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCURIS, SHARON 33 N. GARDEN AVENUE, SUITE 800 CLEARWATER, FL 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, BRIAN 33 N. GARDEN AVENUE, SUITE 800 CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SULLIVAN, VIRGINIA 33 N. GARDEN AVENUE, SUITE 800 CLEARWATER, FL 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> TRACY SULLIVAN-HALL, MGRM    9/1/04    (727) 469-8940					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					