2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 02, 2004 8:00 am
Secretary of State
08-05-2004 90071 010 ****50.00

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DOCUMENT # L03000039813

1. Entity Name

TOWNHOUSE VICTORIA PARK, LLC

Principal Place of Business	Mailing Address
1107 KEY PLAZA, #284 KEY WEST FL 33040	~~1107 KEY PLAZA, #284 KEY WEST FL 33040~~

2. Principal Place of Business	3. Mailing Address
	Attn: Robert Martin
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1107 Key Plaza #284
City & State	City & State Key West FL
Zip / Country	Zip 33040 / Country USA

MOORE CR2E083 (4/04)

4. FEI Number 20-0306409 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOHATCH, JOHN S ESQ 2600 DOUGLAS RD., PENTHOUSE 8 CORAL GABLES FL 33134	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)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARTIN & REICHTER HOLDINGS, L.L.C.	NAME	
STREET ADDRESS	1107 KEY PLAZA, #284	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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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.

SIGNATURE: [signature] Robert T. Martin 8-1-04 305-296-2161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #