

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 03, 2004  
Secretary of State**

DOCUMENT# L03000040919

Entity Name: FALCONE REALTY GROUP, L.L.C.

**Current Principal Place of Business:**

5011 PELICAN BLVD  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

5011 PELICAN BLVD  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

FEI Number: 32-0097040      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FALCONE, DOREEN M  
5011 PELICAN BLVD.  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FALCONE, DOREEN M  
Address: 5011 PELICAN BLVD.  
City-St-Zip: CAPE CORAL, FL 33914 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DOREEN M FALCONE      MGRM      05/03/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date