2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000041676

1. Entity Name
RELIANCE PROPERTY, LLC

20045636

04072005   Chg-LLC   CR2E083 (10/03)

	Principal Place of Business	Mailing Address
	4605 S. WALNUT STREET MUNCIE, IN 47302	4605 S. WALNUT STREET MUNCIE, IN 47302
2. Principal Place of Business		**3.** Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State

Zip	Country	Zip	Country

4. FEI Number
20-0367863
— 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**
GORNTO, BRADFORD B 149 S. RIDGEWOOD AVENUE STE. 550 DAYTONA BEACH, FL 32114	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 _____
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 May 1, 2005**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES	
TITLE MGR NAME CARDEMON, RICHARD A STREET ADDRESS 4605 S. WALNUT STREET CITY-ST-ZIP MUNCIE, IN 47302	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ RICHARD A. CARDEMON   4-20-05   386-255-1981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #