

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-12-2004 90116 005 ****50.00

DOCUMENT # L03000043406

1. Entity Name

701 SOUTH INVESTMENTS, LLC



Principal Place of Business

20 NORTH EOLA DRIVE
ORLANDO FL 32801

Mailing Address

20 NORTH EOLA DRIVE
ORLANDO FL 32801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

20-0642488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDING, ROBERT L ESQ.
20 NORTH EOLA DRIVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HARDING, ROBERT L
STREET ADDRESS 20 NORTH EOLA DRIVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE MGRM ☐ Delete
NAME RABBITT, STEPHEN L
STREET ADDRESS 1241 CHERRY TREE LANE
CITY-ST-ZIP ANNAPOLIS MD 21403

TITLE MGRM ☐ Delete
NAME HILMER, WAYNE J
STREET ADDRESS 1551 VIA TUSCANY
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/6/04 407-648-9119
Date Daytime Phone #