

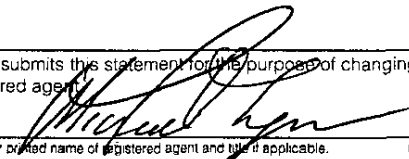
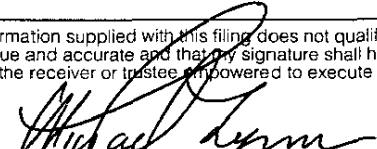


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90231 016 \*\*\*\*50.00

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # L03000051143</b><br>1. Entity Name<br><b>FIRST AMERICAN REAL ESTATE RESOURCES-1, LLC</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>501 NORTH CAUSEWAY<br/>NEW SMYRNA BEACH FL 32169<br/>US</b>   |   |   | Mailing Address<br><b>501 NORTH CAUSEWAY<br/>NEW SMYRNA BEACH FL 32169<br/>US</b> |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   | <br><br>MOORE CR2E083 (11/03)   |  |
| City & State  |   | City & State                                  |   |  |  |
| Zip   |   | Zip   |   |  |  |
| Country   |   | Country                                       |   |  |  |
| 4. FEI Number<br><b>52-2436819</b>  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |   | <b>\$5.00</b> Additional Fee Required  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>ASHLEY, LINDA<br/>2238 W. FAIRBANKS AVENUE<br/>WINTER PARK FL 32789</b>  |   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name <b>MICHAEL LYNN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>501 NORTH CAUSEWAY</b><br>City <b>NEW SMYRNA BEACH FL</b> Zip Code <b>32169</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.   |   |   |   |  |  |
| SIGNATURE   |   | MICHAEL LYNN                                  |   | DATE <b>3/4/04</b>   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>  |   |   |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |   | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>ASHE, PAUL R<br>1224 COMMODORE DRIVE<br>NEW SMYRNA BEACH FL 32168 | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>LYN, MICHAEL<br>501 NORTH CAUSEWAY<br>NEW SMYRNA BEACH FL 32169    | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | MGRM<br>LYNN, MICHAEL<br>501 NORTH CAUSEWAY<br>NEW SMYRNA BEACH FL 32169<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>HARVIN CLARK<br>52 RICHMOND DR.<br>NEW SMYRNA BEACH FL 32169      | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | MGRM<br>HARVIN CLARK<br>52 RICHMOND DR.<br>NEW SMYRNA BEACH FL 32169<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>HARVIN CLARK<br>52 RICHMOND DR.<br>NEW SMYRNA BEACH FL 32169      | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | MGRM<br>HARVIN CLARK<br>52 RICHMOND DR.<br>NEW SMYRNA BEACH FL 32169<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>HARVIN CLARK<br>52 RICHMOND DR.<br>NEW SMYRNA BEACH FL 32169      | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | MGRM<br>HARVIN CLARK<br>52 RICHMOND DR.<br>NEW SMYRNA BEACH FL 32169<br><input type="checkbox"/> Change <input type="checkbox"/> 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:   |   | MICHAEL LYNN                                  |   | DATE <b>3/4/04</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   | DATE  |   | Daytime Phone # <b>(386) 409-3130</b>  |  |