

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90017 034 ****55.00

20017117



DOCUMENT # L04000039603 1. Entity Name ALLSTATE REALTY SERVICES, LLC			
Principal Place of Business 347 HAWAII WOODS ORLANDO, FL 32824		Mailing Address 347 HAWAII WOODS ORLANDO, FL 32824	
2. Principal Place of Business PO Box 561513		3. Mailing Address PO BOX 561513	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Orlando FL		City & State Orlando FL	
Zip 32856-1513		Zip 32856-1513	
Country US		Country US	
4. FEI Number 20-1160572		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		02242005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent HEAD, DWIGHT D 347 HAWAII WOODS ORLANDO, FL 32824		7. Name and Address of New Registered Agent Name Head, Dwight D Street Address (P.O. Box Number is Not Acceptable) 1821 Bel Air Ave City Orlando FL Zip Code 32812	
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 Dwight Head Dwight Head 2-28-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR HEAD, DWIGHT D 347 HAWAII WOODS ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Head, Dwight D 1821 Bel Air Ave Orlando, FL 32812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: Dwight Head		SIGNATURE: Dwight Head	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small> 2-28-05 <small>Daytime Phone #</small> 407-383-5988	