2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 22, 2005 8:00 am Secretary of State DOCUMENT # L04000040961 04-22-2005 90050 013 ****50.00 SUCCESS REAL ESTATE, LLC Principal Place of Business Mailing Address 2390 RING ROAD 2390 RING ROAD 20040538 SPRING HILL, FL 34609 SPRING HILL, FL 34609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number City & State Applied For LOR. APPLIED Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 1 Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name RILEY, STEVEN P Street Address (P.O. Box Number is Not Acceptable) 4805 WEST LAUREL STREET, SUITE 230 TAMPA, FL 33607 ... Zip Code FL 6. 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, 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** TITLE ☐ Delete TITLE Change ☐ Addition NAME RICHARD, DANIEL NAME 2390 RING ROAD STREET ADORESS STREET ADORESS CITY-ST-ZIP SPRING HILL, FL 34609 CITY-ST-ZIP **MGRM** □ Delete TITLE Change ☐ Addition TITLE RICHARD, LARUE NAME NAME STREET ADDRESS 2390 RING ROAD STREET ADDRESS SPRING HILL, FL 34609 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITL F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

O MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

19/05

FILED