## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 06, 2006 8:00 am Secretary of State **DOCUMENT # L04000040961** 02-06-2006 90172 043 \*\*\*\*50.00 1. Entity Name SUCCESS REAL ESTATE, LLC Principal Place of Business Mailing Address 2390 RING ROAD 2390 RING ROAD SPRING HILL, FL 34609 SPRING HILL, FL 34609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For APPLIED FOR 20-1201317 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RILEY, STEVEN P Street Address (P.O. Box Number is Not Acceptable) 4805 WEST LAUREL STREET, SUITE 230 TAMPA, FL 33607 City 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 .... " applicable. Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change Addition RICHARD, DANIEL NAME NAME STREET ADDRESS 2390 RING ROAD STREET ADDRESS SPRING HILL, FL 34609 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition RICHARD, LARUE NAME NAME STREET ADDRESS 2390 RING ROAD STREET ADDRESS SPRING HILL, FL 34609 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition 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 exemptions contained in Chapter 119, 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED