


T. Roberts MAY 03 2005

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000080864			FILED 05 APR 29 PM 4:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name ARCHVIDA REALTY AND CONSULTING SERVICES, LLC				
Principal Place of Business 750 S ORANGE BLOSSOM TRAIL STE 44 ORLANDO, FL 32805		Mailing Address PO BOX 690371 ORLANDO, FL 32869		
2. Principal Place of Business 311 N Dollins Ave		3. Mailing Address P O Box 690371		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Orlando FL		City & State Orlando FL		4. FEI Number Applied for
Zip 32805	Country U.S.	Zip 32869	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
TARLBERT, LORETTA 750 S ORANGE BLOSSOM TRAIL STE 44 ORLANDO, FL 32805		Name Loretta Tarlburt		
		Street Address (P.O. Box Number is Not Acceptable) 311 N Dollins Avenue		
		City Orlando,		
		State FL Zip Code 32805		
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: <i>Loretta Tarlburt</i>		DATE: 4-29-05		
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	MGRM TARLBERT, LORETTA PO BOX 690371 ORLANDO, FL 32869 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200053145372 05/02/05--01003--001 **375.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Loretta Tarlburt</i>		Date: 4-29-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #		