


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90216 007 ****50.00

DOCUMENT # L98000001296	
1. Entity Name R. D. REALTY, L.C.	

Principal Place of Business 268 BENNETT AVENUE STATEN ISLAND, NY 10312	Mailing Address 200 EAST ROBINSON STREET, SUITE 500 ORLANDO, FL 32801
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24038544

2. Principal Place of Business 8525 Red Leaf Ln Suite, Apt. #, etc.	3. Mailing Address 20 N. Orange Ave. Suite, Apt. #, etc.
City & State Orlando, FL	City & State Orlando, FL
Zip 32809	Zip 32801
Country	Country



03152004 Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2410852	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, P.A. 20 N. ORANGE AVENUE ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 407 City FL Zip Code
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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. *Hendry, Stoner, Delancett & Brown P.A.*
SIGNATURE *By: [Signature]* **DATE** *3/15/04*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUGGAL, KARAM V 268 BENNETT AVENUE STATEN ISLAND, NY 10312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8525 RED LEAF LANE Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUGGAL, ANITA 268 BENNETT AVENUE STATEN ISLAND, NY 10312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8525 RED LEAF LANE Orlando, FL 32819
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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: *[Signature]* **DATE** *3/18/2004* **DAYTIME PHONE #** *407-363-4718*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE