

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90037 005 \*\*\*\*50.00

**DOCUMENT # L99000004173**

1. Entity Name  
**REALVEST HOLDINGS, LLC**



Principal Place of Business  
**2200 LUCIEN WAY, SUITE 350  
MAITLAND, FL 32751-7019**

Mailing Address  
**2200 LUCIEN WAY, SUITE 350  
MAITLAND, FL 32751-7019**

**24053646**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

**59-3587208**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired. ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POHL, FRANK L ESQ.  
280 WEST CANTON AVE. SUITE 410  
WINTER PARK, FL 32790**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 MGRM ☐ Delete  
NAME LIVINGSTON, GEORGE D  
STREET ADDRESS 2200 LUCIEN WAY, SUITE 350  
CITY-ST-ZIP MAITLAND, FL 327517019

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME KELLEY, TOM R II  
STREET ADDRESS 2200 LUCIEN WAY, STE 350  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME BLACKWELL, ROBERT H  
STREET ADDRESS 2200 LUCIEN WAY, STE 500  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME YANNUCCI, DAWN L  
STREET ADDRESS 2200 LUCIEN WAY, STE 350  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME GEOFFREY, LONGSTAFF G  
STREET ADDRESS 2200 WCIEN WAY, STG 350  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CFO ☐ Delete  
NAME HURN, CHRIS  
STREET ADDRESS 2200 LUCIGN WAY, STE 350  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/23/04**

**407-875-9989**