


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000006826 1. Entity Name REALTY INVESTMENTS, LLC	
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Principal Place of Business 2611 SUNSET DRIVE TAMPA, FL 33629	Mailing Address P.O. BOX 20452 TAMPA, FL 33622
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DO NOT WRITE IN THIS SPACE



03282004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3613657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

VARSALES, LOUIS J
7311 PELICAN ISLAND DRIVE
TAMPA, FL 33634

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARVEY, JIM 18840 5TH ST., SW LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VARSALES, LOU 7311 PELICAN ISLAND DRIVE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/04/04-80109-010 50.00

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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:  DATE: 4-27-04 DAYTIME PHONE #: 813-349-8371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #