2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State
04-21-2004 90452 023 ****50.00

DOCUMENT # L99000009381

1. Entity Name
REA, L.L.C.

34005318

Principal Place of Business	Mailing Address
2600 SOUTH FLORIDA AVENUE STE 2-A LAKELAND, FL 33803	2600 SOUTH FLORIDA AVENUE STE 2-A LAKELAND, FL 33803

04082004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3615566
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRIDOVICH, ANTHONY
2600 S. FLORIDA AVENUE
LAKELAND, FL 33803

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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.

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	MGRM
NAME	MCCALL, MARY J
STREET ADDRESS	2600 SOUTH FLA AVE
CITY-ST-ZIP	LAKELAND, FL
TITLE	MGRM
NAME	BOYCE, JOHN
STREET ADDRESS	2600 SOUTH FLA AVE
CITY-ST-ZIP	LAKELAND, FL
TITLE	MGRM
NAME	DOSS, MICHAEL
STREET ADDRESS	2600 SOUTH FLA AVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	MGRM
NAME	WARD, GIL
STREET ADDRESS	2600 SOUTH FLA AVE
CITY-ST-ZIP	LAKELAND, FL
TITLE	MGRM
NAME	FRIDOVICH, ANTHONY S
STREET ADDRESS	2600 SOUTH FLA AVE
CITY-ST-ZIP	LAKELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Mary J McCall 5-3-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #