

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90045 043 ****50.00

DOCUMENT # L99000009381

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



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

Mailing Address
2600 SOUTH FLORIDA AVENUE
STE 2-A
LAKELAND, FL 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192005 Chg-LLC CR2E083 (10/03)

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

7. Name and Address of New Registered Agent

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MCCALL, MARY J	
STREET ADDRESS	2600 SOUTH FLA AVE	
CITY-ST-ZIP	LAKELAND, FL	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	BOYCE, JOHN	
STREET ADDRESS	2600 SOUTH FLA AVE	
CITY-ST-ZIP	LAKELAND, FL	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DOSS, MICHAEL	
STREET ADDRESS	2600 SOUTH FLA AVE	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WARD, GIL	
STREET ADDRESS	2600 SOUTH FLA AVE	
CITY-ST-ZIP	LAKELAND, FL	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FRIDOVICH, ANTHONY S	
STREET ADDRESS	2600 SOUTH FLA AVE	
CITY-ST-ZIP	LAKELAND, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

ANTHONY S. FRIDOVICH, mgr. 4/19/05 863-680-3322