


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90061 041 ****50.00

DOCUMENT # M02000001097					
1. Entity Name RELIANCE ASSET MANAGEMENT, LLC					
Principal Place of Business 1100 14TH STREET ORANGE CITY, FL 32763			Mailing Address 1100 14TH STREET ORANGE CITY, FL 32763		
2. Principal Place of Business 3594 Cactus Lane Suite, Apt. #, etc.		3. Mailing Address 3594 Cactus Lane Suite, Apt. #, etc.			
City & State Mt. Dora, FL Zip 32757 Country US		City & State Mt. Dora, FL Zip 32757 Country US		4. FEI Number 91-2130518	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RICHARD LEON ARTHUR 1100 14TH STREET ORANGE CITY, FL 32763					
7. Name and Address of New Registered Agent Name: Richard Leon Arthur Street Address (P.O. Box Number is Not Acceptable): 3594 Cactus Lane City: Mt. Dora FL Zip Code: 32757					
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: Richard Leon Arthur <i>Richard L. Arthur Managing Member</i> 8-24-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARD LEON ARTHUR 1100 14TH STREET ORANGE CITY, FL 32763	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Leon Arthur 3594 Cactus Lane Mt. Dora, FL 32757	<input checked="" 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			
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: <i>Richard L. Arthur Managing Member</i> 8-24-04 352-735-3010 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

RICHARD L. ARTHUR MANAGING MEMBER