

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001221

FILED
Jul 27, 2004
Secretary of State

Entity Name: CONVERSION SOLUTIONS REALTY, LLC

Current Principal Place of Business:

280 NORTH KAYS DRIVE
KAYSVILLE, UT 84037

New Principal Place of Business:

617 POWDER HORN ROW
LAKELAND, FL 33809 US

Current Mailing Address:

280 NORTH KAYS DRIVE
KAYSVILLE, UT 84037

New Mailing Address:

617 POWDER HORN ROW
LAKELAND, FL 33809 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

CAREY, III, JAMES E CEO
617 POWDER HORN ROW
LAKELAND, FL 33809 US

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.

SIGNATURE: JAMES E. CAREY III

07/27/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: JONES, TIMO
Address: 280 NORTH KAYS DRIVE
City-St-Zip: KAYSVILLE, UT 84037

Title: MGR (X) Delete
Name: CAREY, JAMES III
Address: 1180 CELEBRATION BLVD.
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAREY, III, JAMES E
Address: 617 POWDER HORN ROW
City-St-Zip: LAKELAND, FL 33809 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES E. CAREY III

MGR

07/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date