


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2004 8:00 am
Secretary of State

03-31-2004 90346 040 ****50.00

DOCUMENT # M03000000763 1. Entity Name RTL PROPERTIES LLC	
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Principal Place of Business 548 N. LEAVITT AVE. ORANGE CITY, FL 32763	Mailing Address 548 N. LEAVITT AVE. ORANGE CITY, FL 32763
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34003362



01272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1789214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LYNN MARIE MANNING 548 N. LEAVITT AVE. ORANGE CITY, FL 32763

**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 _____
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, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OLAH, ROSELL 1869 SECOND ST. CUYAHOGA FALLS, OH 44221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LYNN MARIE MANNING 548 N. LEAVITT AVE. ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TERRY LEE MANNING 548 N. LEAVITT AVE. ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(f), 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 Lynn M. Manning (LYNN M. MANNING) 4/9/04 775-4469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #