

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001664

1. Entity Name
DELL REALTY HOLDINGS, L.C.



Principal Place of Business

**C/O MAX D. MOODY, III
4652 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32207**

Mailing Address

**C/O MAX D. MOODY, III
4652 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32207**



03162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FE: Number
59-3603631

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLACKBURN, DENNIS L
6620 SOUTHPOINT DRIVE, SOUTH
SOUTHPOINT BUILDING, SUITE 200
JACKSONVILLE, FL 32216**

**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
**MGRM
MOODY, MAX D III
4652 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MOODY, JUDITH I
4652 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

U00000104042
04/05/04-80081-008 50.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/29/04

Date

Daytime Phone # _____