

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000001041

1. Entity Name

M/S REALTY ASSOCIATES, L.C.



Principal Place of Business

1025 S.W. MARTIN DOWNS BLVD.
PALM CITY FL 34990

Mailing Address

1025 S.W. MARTIN DOWNS BLVD.
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3240646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE.
SUITE 200
TALLAHASSEE FL 32301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM ☐ Delete
NAME SCHACHTER, MICHAEL
STREET ADDRESS 1910 S.E. PORT ST. LUCIE BLVD.
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE NAME MGRM ☐ Delete
NAME SCHACHTER, DIANE T
STREET ADDRESS 1910 S.E. PORT ST. LUCIE BLVD.
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE NAME MGRM ☐ Delete
NAME SCHACHTER, MICHAEL
STREET ADDRESS 601-621 PORT ST. LUCIE BLVD.
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE NAME MGRM ☐ Delete
NAME SCHACHTER, DIANET
STREET ADDRESS 601-621 PORT ST. LUCIE BLVD.
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
NAME U00000033448
STREET ADDRESS 02/05/04-80040-012 50.00
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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 #

1/31/04 (772) 219-1900