

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050937

FILED  
Jan 19, 2005  
Secretary of State

Entity Name: REAL ESTATE FOR BUYERS AND SELLERS, LLC

**Current Principal Place of Business:**

2899 BASS HAVEN LANE  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

530 SR 13 N SUITE 2  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

2899 BASS HAVEN LANE  
ST AUGUSTINE, FL 32092

**New Mailing Address:**

530 SR 13 N SUITE 2  
JACKSONVILLE, FL 32259

FEI Number: 16-1703249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TORTORICI, DEANNE B  
1729 LOCHAMY LANE  
JACKSONVILLE, FL 32259 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: TORTORICI, HENRIETTA LYNN  
Address: 1729 LOCHAMY LANE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR ( ) Delete  
Name: NEIGHBORS, JOHN  
Address: 2899 BASS HAVEN LN  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MGR ( ) Delete  
Name: NEIGHBORS, MARSHA  
Address: 2899 BASS HAVEN LN  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MGR ( ) Delete  
Name: NEIGHBORS, LORI  
Address: 2899 BASS HAVEN LN  
City-St-Zip: ST AUGUSTINE, FL 32092

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TORTORICI, DEANNE B  
Address: 1729 LOCHAMY LANE  
City-St-Zip: JACKSONVILLE, FL 32259

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

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

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: DEANNE TORTORICI

MGR

01/19/2005

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