2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050937

City-St-Zip:

Entity Name: REAL ESTATE FOR BUYERS AND SELLERS, LLC

FILED Jan 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 530 SR 13 N SUITE 2 JACKSONVILLE, FL 32259 **Current Mailing Address: 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: Name and Address of New Registered Agent: TORTORICI, DEANNE B 1729 LOCHAMY LANE JACKSONVILLE, FL 32259 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete TORTORICI, DEANNE B Name: Name: Address: 1729 LOCHAMY LANE Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: MGR () Delete Title: () Change () Addition NEIGHBORS, JOHN Name: Name: Address: 2899 BASS HAVEN LN Address: City-St-Zip: ST AUGUSTINE, FL 32092 City-St-Zip: Title: MGR () Delete Title: () Change () Addition NEIGHBORS, MARSHA Name: Name: Address: 2899 BASS HAVEN LN Address: City-St-Zip: ST AUGUSTINE, FL 32092 City-St-Zip: () Delete Title: MGR Title: () Change () Addition Name: NEIGHBORS, LORI Name: Address: 2885 BASS HAVEN LN Address: City-St-Zip: ST AUGUSTINE, FL 32092 City-St-Zip: Title: () Delete Title: MGR () Change (X) Addition TORTORICI, LOUIE Name: Name: 1729 LOCHAMY LANE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

City-St-Zip:

JACKSONVILLE, FL 32259

SIGNATURE: DEANNE B. TORTORICI MGR 01/23/2006