

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050937

FILED
Jul 26, 2007
Secretary of State

Entity Name: REAL ESTATE FOR BUYERS AND SELLERS, LLC

Current Principal Place of Business:

530 SR 13 N SUITE 2
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

530 SR 13 N SUITE 2
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 16-1703249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TORTORICI, DEANNE B
332 N LOMBARDY LOOP
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: _____

07/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGR (X) Delete
Name: NEIGHBORS, LORI
Address: 2885 BASS HAVEN LN
City-St-Zip: ST AUGUSTINE, FL 32092

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TORTORICI, DEANNE B
Address: 332 N LOMBARDY LOOP
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR (X) Change () Addition
Name: TORTORICI, LOUIE
Address: 332 N LOMBARDY LOOP
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 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.

SIGNATURE: DEANNE TORTORICI

MGR

07/26/2007

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