


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90306 046 ****50.00

DOCUMENT # L04000087335

1. Entity Name
REAL ESTATE PROBLEM SOLUTIONS, LLC



Principal Place of Business
**4518 WELLINGTON LN
MIMS, FL 32754**

Mailing Address
**4518 WELLINGTON LN
MIMS, FL 32754**

20005155



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 489
Suite, Apt. #, etc.

City & State
CAPE CANAVERAL, FL

Zip
32920 Country
USA

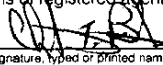
02162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3793335 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 |
|--|--|
| BIDERMAN, CHRISTOPHER T 4518 WELLINGTON LN MIMS, FL 32754 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | State 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  **CHRISTOPHER T. BIDERMAN** DATE **2/21/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BIDERMAN, CHRISTOPHER T 4518 WELLINGTON LN MIMS, FL 32754 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GREEN, GAIL M 4518 WELLINGTON LN MIMS, FL 32754 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **CHRISTOPHER T. BIDERMAN** DATE **2/21/07** DAYTIME PHONE # **321-412-3654**

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