

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075747

Entity Name: 3904 E. REGNAS II, LLC

FILED
May 22, 2007
Secretary of State

Current Principal Place of Business:

802 2ND STREET NORTH, SUITE A
SAFETY HARBOR, FL 34695

New Principal Place of Business:

18209 GRIFFITH RD
LUTZ, FL 33548 HI

Current Mailing Address:

802 2ND STREET NORTH, SUITE A
SAFETY HARBOR, FL 34695

New Mailing Address:

18209 GRIFFITH RD
LUTZ, FL 33548 HI

FEI Number: 65-0881416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SHEFMAN, DAVID B
802 2ND STREET NORTH, SUITE A
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

EASTBURN, KATHLEEN M
18209 GRIFFITH RD
LUTZ, FL 33548 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: KATHLEEN M EASTBURN

05/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REAL ESTATE EXCHANGE, SERVICES, INC .
Address: 802 2ND STREET NORTH, SUITE A
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES:

Title: OWNE (X) Change () Addition
Name: JOSEPH W EASTBURN,
Address: 18209 GRIFFITH RD
City-St-Zip: LUTZ, FL 33548 HI

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: JOSEPH W EASTBURN

OWNE

05/22/2007

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