## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jul 16, 2007 8:00 am DOCUMENT # L00000000815 Secrétary of State RSD REAL ESTATE MANAGEMENT, LLC 07-16-2007 90040 005 \*\*\*\*50.00 Principal Place of Business Mailing Address 9505 S.E. 134TH STREET PO BOX 1060 DUUJEVVV HUNTINGTON, WV 25713-1060 SUMMERFIELD, FL 34491 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 59-3621903 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUMPHRIES, J. GREGORY ESQ. Street Address (P.O. Box Number is Not Acceptable) 300 SOUTH ORANGE AVENUE **SUITE 1000** ORLANDO, FL 32801-3373 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE TITLE ☐ Change Delete Addition POINDEXTER, J. BERNARD JR NAME STREET ADDRESS 156 CAMELOT DR. STREET ADDRESS CITY-ST-ZIP HUNTINGTON, WV 25701 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE POINDEXTER, CAROLYN J NAME NAME RT 1, BOX 279 STREET ADDRESS STREET ADDRESS PRICHARD, WV 25555 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition POINDEXTER, METTA E NAME NAME 126 ROTARY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUNTINGTON, WV 25705 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WILLIAMS, MARY P NAME NAME STREET ADDRESS 156 CAMELOT DRIVE STREET ADDRESS CITY-ST-ZIP HUNTINGTON, WV 25701 CITY-ST-7/P Defete TITLE Change MGR ☐ Addition TITLE NAME POINDEXTER, J.B. III NAME STREET ADDRESS 23804 ROLLING FORK WAY STREET ADDRESS GAITHERSBURG, MD 20882 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

IGNATURE: Mary P. Williams Manager, Mary P. Williams 6-7-07 304)417-5200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Daylime Phone #