2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/2

FILED
Feb 29, 2008 8:00 am
Secretary of State
01-22-2008 90116 033 ***138.75

DOCUMENT # L01000002908

1. Entity Name
NATIONWIDE REAL ESTATE SERVICES, LLC

Principal Place of Business	Mailing Address
6881 KINGSPOINTE PKWY STE 16 ORLANDO, FL 32819	PO BOX 618133 ORLANDO, FL 32861

DO NOT WRITE IN THIS SPACE

01112008No Chg-LLC CR2E083 (12/07)

4. FEI Number
59-3710488
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

USHER, JAMES R
6881 KINGSPOINTE PKWY
STE 16
ORLANDO, FL 32819

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGMR
NAME	USHER, JAMES R
STREET ADDRESS	1001 CREST CIRCLE
CITY-ST-ZIP	LAKEVILLE, PA 18438
TITLE	MGRM
NAME	BOTLICK, THOMAS D
STREET ADDRESS	2203 STILLINGTON ST
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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.

SIGNATURE: _____ 2-27-08 4072402220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #